

ROUTING SLIP FOR INVOICES

DATE January 23, 2018

CONTRACTOR Family Values

CFMS 2000234086

Trusclair

MONTH OF SERVICE December 2017

INITIAL REVIEW CT

DATE 1/31/18

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 Dad

DATE 1/31/18

POSTED TO SPREADSHEET \_\_\_\_\_

SENT TO FISCAL 1/31/18

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802

(O) 225.342.4051  
(F) 225.342.2536  
[www.dcfs.la.gov](http://www.dcfs.la.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

**January 31, 2018**

**MEMORANDUM**

**TO: OM&F Fiscal  
Contract Payments**

**FROM: Dora Thomas   
Program Manager**

**RE: Invoice for payment  
PO #2000234086  
Family Values**

**Please find attached an invoice for payment.**

**If you have any questions, contact Charlene Trusclair (225) 342-5004.**

**DT/ct**

**Attachment**





DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

Received

JAN 23 2017

DCFS  
Economic Stability

Family Values Resource Institute, Inc,  
Contractor Name

DECEMBER 2017  
Service Period

7515 Scenic Highway  
Mailing Address

2000234086  
Contract/CFMS#

Baton Rouge, LA 70807  
City, State, Zip

DECEMBER 2017 234086 1217  
Invoice Number

- Barbara Thomas / 225-359-9001  
Contact Person/Telephone Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$71,874.93	\$86,249.93	\$86,250.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$6,028.81	\$7,128.49	\$15,106.76	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$4,103.83	\$20,820.07	\$24,923.90	\$27,640.85	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$22,232.03	\$26,541.75	\$37,358.25	
OTHER CHARGES	\$218,000.00	\$13,600.00	\$70,600.00	\$84,200.00	\$131,800.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$37,488.23	\$193,338.74	\$230,826.97	\$298,373.03	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas*  
Signature of Authorized Contractor Representative and Title

1/15/2018  
Date

FOR DCFS USE ONLY

DCFS Invoice Number 234086-1217	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Barbara Thomas-Program Manager</i> Signature and Title of Authorized DCFS Official				
					1/31/18 Date

*Chrusclair*

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**FINANCIAL REPORTING INSTRUCTIONS**

**Column A - Expenditure Category** – Enter the expenditure categories required by the contract.

**Column B – Approved Budget** – Enter the approved budget for the current contract term for the budget categories approved in the contract.

**Column C – Current Period Expenditures** – Enter the expenditures incurred and paid for the current reporting period.

**Column D – Prior Period Expenditures** – Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

**Column E – Cumulative Expenditures To Date** – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

**Column F – Remaining Balance** – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

**Column G – Cost Sharing** – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

**Personnel** – Salaries and wages provided for all persons directly employed by the contractor.

**Fringe Benefits** – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

**Travel** – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

**Operating Services** – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

**Supplies** – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

**Professional Services** – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

**Other Charges** – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

**Equipment/Acquisitions** – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

**Indirect Costs** – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

City Values Resource Institute, Inc.									
	FY 18								
Personnel	Budgeted	Expenditure	Remaining	July-17 Supp	July 17 Supp#2	Aug-17 Supp	Sept-17 Supp	Oct-17 Supp	Oct-17 Supp#2
Project Director, Barbara Thomas 90%	45,000.00	22,500.00	22,500.00	3,750.00	0.00	3,750.00	0.00	3,750.00	0.00
Project Administrator, Michael Ferris 80%	28,000.00	14,000.00	13,999.96	2,333.34	0.00	2,333.34	0.00	2,333.34	0.00
Education Specialist, Alison Davis 100%	25,000.00	12,499.96	12,500.04	2,000.32	0.00	2,000.33	0.00	2,000.33	0.00
Compliance Officer, Neil Thomas/Talisha Davis 70%	24,500.00	12,249.98	12,250.02	2,041.66	0.00	2,041.67	0.00	2,041.66	0.00
Alia Fieldy Specialist, Patricia Brown 100%	25,000.00	12,499.92	12,500.08	2,000.33	0.00	2,000.33	0.00	2,000.33	0.00
Union Services Coordinator, Shirley Walker 100%	25,000.00	12,499.97	12,500.03	2,000.33	0.00	2,000.33	0.00	2,000.33	0.00
Local Salary	117,500.00	86,249.82	86,250.08	14,174.98	0.00	14,175.00	0.00	14,174.96	0.00
Other									
Project Director, Barbara Thomas 90%	5,800.50	1,809.47	1,991.03	375.07	0.00	286.88	0.00	286.88	0.00
Project Administrator, Michael Ferris 80%	3,609.20	1,159.40	2,449.80	266.90	0.00	178.50	0.00	178.50	0.00
Education Specialist 100%	3,222.50	1,041.44	2,181.06	247.77	0.00	159.37	0.00	159.37	0.00
Compliance Officer, Chanel Thomas/Talisha Davis 70%	3,158.05	1,028.71	2,129.34	244.58	0.00	156.19	0.00	156.19	0.00
Alia Fieldy Specialist, Patricia Brown 100%	3,222.58	1,044.62	2,177.88	247.77	0.00	159.37	0.00	159.37	0.00
Union Services Coordinator, Shirley Walker 100%	3,222.50	1,044.62	2,177.88	247.77	0.00	159.37	0.00	159.37	0.00
Local Fringes	22,735.35	7,128.26	15,104.99	1,623.86	0.00	1,099.68	0.00	1,099.68	0.00
Travel Expenses									
Conference Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Out-of-Town Travel	600.00	496.18	103.82	0.00	0.00	0.00	0.00	496.18	0.00
Other	400.00	286.72	111.28	0.00	0.00	0.00	0.00	0.00	0.00
Local Travel	1,000.00	782.90	217.10	0.00	0.00	0.00	0.00	496.18	0.00
Printing Services									
Printing Rent	14,400.00	7,200.00	7,200.00	1,200.00	0.00	1,200.00	0.00	1,200.00	0.00
Utilities	1,500.00	1,397.24	102.76	256.93	0.00	204.45	0.00	200.63	212.33
Telephone	3,000.00	1,500.00	1,500.00	250.00	0.00	250.00	0.00	250.00	0.00
Maintenance	10,704.00	4,702.75	5,981.25	257.00	0.00	757.00	0.00	912.75	757.00
Shedding (Bench signs & other advertising outlets)	3,000.00	2,000.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00	0.00
Printing	1,200.00	837.42	367.58	244.10	0.00	133.22	0.00	0.00	119.38
Office Lease	2,367.80	1,181.40	1,181.40	196.90	0.00	196.90	0.00	196.90	0.00
Postage	963.95	410.21	553.74	26.50	0.00	24.65	0.00	112.75	220.26
Office Supplies	3,000.00	670.97	2,329.03	0.00	0.00	0.00	0.00	220.60	0.00
Office Provider Training	250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00
Internet	900.00	450.00	450.00	75.00	0.00	75.00	0.00	75.00	0.00
Electronic Payroll Transaction Fees	2,304.00	1,353.96	950.04	275.00	0.00	211.84	0.00	212.50	224.40
Liability Insurance	1,300.00	1,300.00	0.00	0.00	216.66	0.00	222.81	222.81	272.81
Online Client Database	8,100.00	1,925.00	6,175.00	250.00	0.00	250.00	0.00	0.00	250.00
Local Operating	\$2,544.75	\$4,923.50	\$27,640.85	\$3,511.43	\$216.66	\$3,383.06	\$222.81	\$3,511.54	\$3,515.09
Professional									
Evaluator	10,900.00	6,200.00	4,699.00	1,700.00	0.00	900.00	0.00	900.00	0.00
Public Relations	9,600.00	4,100.00	5,500.00	0.00	0.00	800.00	0.00	800.00	0.00
Editor	11,500.00	0.00	11,500.00	0.00	0.00	0.00	0.00	0.00	0.00
Bank	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Accounting/Bookkeeping Services	32,000.00	18,341.75	13,658.25	3,298.25	0.00	2,609.72	0.00	2,609.72	0.00
Local Professional	63,900.00	\$5,644.75	\$7,234.25	\$4,993.15	\$0.00	\$4,993.72	\$0.00	\$4,993.72	\$1,609.72
Equipment (2 laptops)	3,000.00	1,000.00	0.00	0.00	0.00				
Other Charges									
Books/Supplies	216,000.00	83,000.00	133,000.00	13,200.00	0.00	14,200.00	0.00	12,200.00	1,200.00
Local Other Charges	235,000.00	84,200.00	150,800.00	13,200.00	0.00	14,200.00	0.00	12,200.00	1,200.00
Total	\$29,200.00	\$30,918.73	\$298,773.37	\$7,779.42	\$216.66	\$7,787.46	\$222.81	\$5,303.70	\$3,644.78
					0.00	\$7,787.46		\$4,450.25	\$4,450.25
								\$4,450.25	\$4,450.25

Fringes original amount submitted:

286.67
178.50
159.37
156.18
159.37
159.37
1,099.46

Itemize a Comp \$530.42/e-688.40 per staff

DEPARTMENT OF Children and Family Services  
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM  
Alternatives to Abortion

CONTRACTOR: Family Values Resource  
Institute, Inc.

ADDRESS: 7515 Scenic Hwy.

Baton Rouge, La. 70807

Received

JAN 23 2017

DCFS  
Economic Stability

CFMS:

2000234086

Rep. Cat. 5071  
Org. 4274

MONTH AND YEAR OF  
SERVICE:

DECEMBER  
2017

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

**COST REIMBURSEMENT: Personnel Services**

Staff:	Project Director	\$ 3,750.00
	Project Adm.	\$ 2,333.34
	Educ. Specialist	\$ 2,083.33
	Compliance Coordinator	\$ 2,041.67
	Data Entry Specialist	\$ 2,083.33
	Client Svcs. Coord./Care Provider	\$ 2,083.33
	Fringes	\$ 1,099.68

SUBTOTAL \$ 15,474.68

**OTHER EXPENSES:**

Rent	\$ 1,200.00
Utilities	\$ 205.29
Printing	\$ 112.90
Copier Lease	\$ 196.90
Travel	\$ 0.00
Postage	\$ 126.05
Office Supplies	\$ 98.48
Service Provider Trm.	\$ 0.00
Telephone	\$ 250.00
Internet	\$ 75.00
Online Client Database	\$ 675.00
Accounting/Bookkeeping Services	\$ 2,609.72
Subcontractors	\$ 13,600.00



WHITNEY BANK

P.O. Box 4019 Gulfport, MS 39502



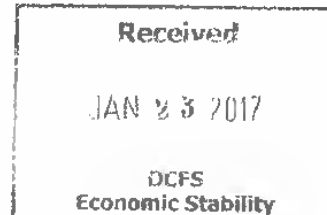
Page: 1 of 1

Statements Dates  
12/01/2017 - 12/31/2017

Account Number:

Return Service Requested

1 110000 001  
FAMILY VALUES RESOURCE INSTITUTE INC  
RESTRICTED FUNDS  
P O BOX 74403  
BATON ROUGE LA 70874



Images:  
0

**\*ZERO CHECKS\* E0**

WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.  
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.

\*\*\*\*\* CHECKING ACCOUNT SUMMARY \*\*\*\*\*

Checking Account Summary

PREVIOUS BALANCE	AVERAGE BALANCE
+ 7 CREDITS	
- 6 DEBITS	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

\*\*\*\*\* CHECKING ACCOUNT TRANSACTIONS \*\*\*\*\*

• Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
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• Other Debits

Date	Amount	Description	Date	Amount	Description
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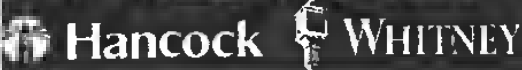
12/28	6,692.98	PAYROLL	PAYCHEX INC.
			017362003256724CCD

12/15 payroll  
12/14 6,692.96 PAYROLL PAYCHEX INC.

• Balance By Date

Date	Balance	Date	Balance
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Final Proof of Payment - 941 Tax Pmt - 12/15/2017



Transactions Details

Posting Date	12/20/2017
Transaction Date	12/20/2017
Description	USATAXPYMT IRS 122017
Transaction Type	Debit
T/C	0036
Amount	\$1,578.40
Balance	



*Fringe Proof of Payment - 941 Tax Payment - 12/15 payroll*

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN xxxxx5039

**Deposit Confirmation**

Your payment has been accepted.

**Payment Successful**

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

**REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!**

<b>EFT ACKNOWLEDGEMENT NUMBER:</b>	270775462150173
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**PLEASE NOTE**

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
<b>Taxpayer EIN</b>	xxxxx5039
<b>Tax Form</b>	941 Employers Federal Tax
<b>Tax Type</b>	Federal Tax Deposit
<b>Tax Period</b>	Q4/2017
<b>Payment Amount</b>	\$1,898.40
<b>Settlement Date</b>	12/20/2017
<b>Subcategories:</b>	
<b>1 Social Security</b>	\$1,040.89
<b>2 Medicare</b>	\$243.41
<b>3 Tax Withholding</b>	\$614.10
<b>Account Number</b>	xxxx0000
<b>Account Type</b>	CHECKING
<b>Routing Number</b>	065400153
<b>Bank Name</b>	WHITNEY BANK

*Final Proof of Payment - 941 Tax Payment 12/29/17*

## Transactions Details

Posting Date	01/04/2018
Transaction Date	01/04/2018
Description	USATAXPYMT IRS 010418
Transaction Type	Debit
T/C	0036
Amount	\$1,898.42
Balance	

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Fringe Proof of Payment - 941 Tax Pmt 12/29 Payroll

TAXPAYER NAME FAMILY VALUES RESOURCE INSTITUTE

TIN xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270840492478372
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PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,898.42
Settlement Date	01/04/2018
Subcategories:	
1 Social Security	\$1,040.86
2 Medicare	\$243.44
3 Tax Withholding	\$614.12
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

Fringe Profit of Payment : 941 Net Payment 12/29 Payroll

IMPORTANT REMINDERS

- ... You are scheduled to report your next payroll on Wed 01/10/18.
- ... In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- ... Payments made by EFT must be initiated one day prior to the due date.

PAYCHEX, INC.  
401 WHITNEY AVENUE SUITE 200  
GRETNALA 70056  
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 841 EFT deposit for the specified quarter at least one banking day before the due date.  
Non-mandated: Initiate a 841 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	12/27/17 - 12/29/17	Employee Social Security	520.42
Amount Due:	\$1,898.42	Employee Medicare	121.73
Due Date:	01/04/18	Employer Social Security	520.44
Quarter:	4	Employer Medicare	121.71
		Federal Withholding	614.12

Date Paid: 12/11/18 (Post)  
Check Number: Paid online  
Federal ID: 72-1415039  
Last Check Date: 12/29/17

Louisiana State Withholding Tax

Please transfer the amount due for the specified deposit period to the appropriate withholding form and pay on or before the due date. If the due date falls on Saturday, Sunday, or a legal holiday, the deposit is due on the next banking day.

Deposit Period:	10/01/17 - 12/31/17	Total Earnings	50,499.97
Amount Due:	\$1,335.00	Portrable Amount	50,499.97
Due Date:	01/31/18	LA Income Tax	1,335.00

Date Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
State ID: 1750793001  
Last Check Date: 12/29/17



0060-0060T846-002-361-1633

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC  
PO BOX 74403  
BATON ROUGE LA 70874-4403



0060-0060T846-002-361-1633

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

EMPLOYEE NAME ID	HOUR, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS			
**** 100 STAFF BI-WEEKLY Brown, Patricia A 35 <i>Data Entry</i>	LAL Hours			1,041.66	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6757 Check Amt Chkg 0017
	EMPLOYEE TOTAL			1,041.66	202.61		Net Pay 802.13
	LAL Hours			1,041.66	Social Security Medicare LA Income Tax	STD Post-Tax	Direct Deposit # 6758 Check Amt Chkg 3799
Davla, Allison 37 <i>Education Specialist</i>	EMPLOYEE TOTAL			1,041.66	104.69		Net Pay 911.00
	Fvri LAL Hours			437.50 1,020.89	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6759 Check Amt Chkg 0014
	EMPLOYEE TOTAL			1,458.33	217.60		Net Pay 1,141.44
Ferris, Michael A 5 <i>Project Administrator</i>	Fvri LAL Hours			291.67 1,166.67	Social Security Medicare Fed Income Tax LA Income Tax		Direct Deposit # 6780 Check Amt Chkg 1002
	EMPLOYEE TOTAL			1,458.34	283.39		Net Pay 1,174.95
	EMPLOYEE TOTAL						Direct Deposit # 6761 Check Amt Chkg 5358
Thomas, Barbara J 11 <i>Project Director</i>	Fvri LAL Hours			208.34 1,875.00	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Net Pay Direct Deposit # 6782 Check Amt Chkg 0016
	EMPLOYEE TOTAL			2,083.34	418.66		Net Pay 1,516.99
	LAL Hours			1,041.66	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6763 Check Amt Chkg 2191
Walker, Shirley 12 <i>Client Services Coordinator</i>	EMPLOYEE TOTAL			1,041.66	224.02		Net Pay 804.82
	EMPLOYEE TOTAL			1,041.66	224.02		Net Pay 804.82
	Fvri LAL Hours		14.00	1,206.73 7,187.48	Social Security Medicare	STD Post-Tax	Check Amt Dir Dep
100 STAFF BI-WEEKLY TOTALS 7 Person(s) 7 Transaction(s)	EMPLOYEE TOTAL						

0060 0060-T846 Family Values Resource Institute Inc  
Run Date 12/13/17 12:54 PM

Period Start - End Date  
Check Date  
12/01/17 - 12/15/17  
12/15/17

PAYROLL JOURNAL

0000 0000-7048 Family Values Resource Institute Inc

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
100 STAFF BI-WEEKLY TOTAL			14.00	8,394.21			
					Fed Income Tax 814.10 LA Income Tax 222.00 1,478.25	223.00 Net Pay	8,892.96
					Employer Liabilities		
					Social Security 520.44 Medicare 121.71 642.15		
**** 300 1099					TOTAL EMPLOYER LIABILITY 642.15		
Isaac, Letoshia S (IC)					TOTAL TAX LIABILITY 2,120.40		
36							
300 1099 TOTALS	1099 Misc Comp			361.81		Deduction	
	1099 Misc Comp			1,304.86		20.10 Direct Deposit # 461	
						Check Amt 0.00	
						Chkg 0010 1,646.57	
1 Person(s)	EMPLOYEE TOTAL			1,666.67		20.10 Net Pay	1,646.57
1 Transaction(s)							
300 1099 TOTALS	1099 Misc Comp			1,666.67		Deduction	
						20.10 Check Amt 0.00	
						Dir Dep 1,646.57	
	300 1099 TOTAL			1,666.67		20.10 Net Pay	1,646.57
8 Person(s)							
8 Transaction(s)							
COMPANY TOTALS	Fvri		14.00	1,206.73		Deduction	
	LAL Hours			7,187.48		20.10 STD Post-Tax	
	1099 Misc Comp				1,666.67	223.00 Dir Dep	
						Check Amt 0.00	
8 Person(s)						223.00 Dir Dep	8,339.53
8 Transaction(s)							
COMPANY TOTAL			14.00	8,394.21		243.10 Net Pay	
						8,339.53	
(IC) = Independent Contractor							

0000 0000-7048 Family Values Resource Institute Inc  
Run Date 12/13/17 12:54 PM

Period Start - End Date 12/01/17 - 12/15/17  
Check Date 12/15/17

# PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

EMPLOYEE NAME ID	HOUR, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS			
**** 100 STAFF BI-WEEKLY Brown, Patricia A 35 Data Entry	LAL Hours			1,041.67	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6764 Check Amt Chkg 0017
	EMPLOYEE TOTAL			1,041.67	202.82		Net Pay 802.13
	LAL Hours			1,041.67	Social Security Medicare LA Income Tax	STD Post-Tax	Direct Deposit # 6765 Check Amt Chkg 3799
Davis, Allison 37 Education Specialist	EMPLOYEE TOTAL			1,041.67	104.89		Net Pay 911.01
	Fvri LAL Hours			437.50 1,020.84	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6766 Check Amt Chkg 0014
	EMPLOYEE TOTAL			1,458.34	217.80		Net Pay 1,141.45
Ferris, Michael A 5 Project Administrator	Fvri LAL Hours			291.67 1,166.67	Social Security Medicare Fed Income Tax LA Income Tax		Direct Deposit # 6767 Check Amt Chkg 1002
	EMPLOYEE TOTAL			1,458.34	283.39		Net Pay 1,174.95
					Social Security Medicare Fed Income Tax LA Income Tax		Direct Deposit # 6768 Check Amt Chkg 5358
Thomas, Barbara J 11 Project Director	Fvri LAL Hours			208.34 1,875.00	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Net Pay Direct Deposit # 8769 Check Amt Chkg 0016
	EMPLOYEE TOTAL			2,083.34	418.65		Net Pay 1,816.89
	LAL Hours			1,041.67	Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6770 Check Amt Chkg 2191
Walker, Shirley 12 Client Services Coordinator	EMPLOYEE TOTAL			1,041.67	224.02		Net Pay 804.83
					Social Security Medicare	STD Post-Tax	Check Amt Dir Dep
	1,206.73 7,167.52		14.00		520.42 121.73		0.00 6,692.98
100 STAFF BI-WEEKLY TOTALS							
7 Person(s) 7 Transaction(s)							

0060 0060-T846 Family Values Resource Institute Inc  
Run Date 12/27/17 03:33 PM

Period Start - End Date  
Check Date  
12/18/17 - 12/31/17  
12/29/17

Payroll Journal  
Page 1 of 2  
PYRJRN

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

EMPLOYEE NAME	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	NDURS	EARNINGS			
100 STAFF BI-WEEKLY TOTAL			14.00	8,394.25	Fed Income Tax 614.12 LA Income Tax 222.00  Employer Liabilities 1,476.27  Social Security 520.44 Medicare 121.71  TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.42	223.00	Net Pay 6,692.98
	1099 Misc Comp						
	1099 Misc Comp						
	EMPLOYEE TOTAL				1,666.67		
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp			1,666.67			
	300 1099 TOTAL			1,666.67			
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Furl		14.00	1,206.73			
	LAL Hours			7,187.52			
	1099 Misc Comp				1,666.67		
	COMPANY TOTAL		14.00	8,394.25	1,666.67	243.10	Net Pay 8,339.55
(IC) = Independent Contractor							

0060 0060-T846 Family Values Resource Institute Inc  
Run Date 12/27/17 03:33 PM

Period Start - End Date 12/16/17 - 12/31/17  
Check Date 12/29/17





### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

**Nome:** Michael Ferris

**Month/Year:** DECEMBER 2017

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life	
List Major Work Performed		% of Time	
Collect, Review and Approve Subcontractor Reimbursements		40%	
Fielding and Answering Calls and emails from Subcontractors		30%	
Worked with CENLA PC on their first months activities		20%	
Worked with Crossroads completing the conversion of Database		10%	
		Total % of Time on Project:	100%

<b>Sponsored Project:</b>	<b>Louisiana Alliance For Life - continued</b>
<b>List Major Work Performed</b>	<b>% of Time</b>
<b>Total % of Time on Project:</b>	<b>100%</b>

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	<b>% of Time</b>
<b>Total % of Time on Project:</b>	

Employee Signature

            
Date

Approval Signature

Date

**Activities and Effort by Month**

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

**Name:** Allison Davis

**Month/Year:** Dec-17


Provide a breakdown of your responsibilities for this month. Keep in mind:

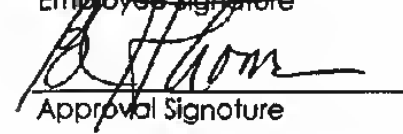
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>LA Allience For Life</b>
<i>List Major Work Performed</i>		<b>% of Time</b>
Client data entry		30%
Taught individual prenatal classes		55%
Followed up with clients over the telephone		15%
<b>Total % of Time on Project:</b>		100%

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>		<b>% of Time</b>
<b>Total % of Time on Project:</b>		

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>		<b>% of Time</b>
<b>Total % of Time on Project:</b>		

  
 \_\_\_\_\_  
 Employee Signature

  
 \_\_\_\_\_  
 Approval Signature

1/10/2018  
 Date

1/10/2018  
 Date

### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas

Month/Year: Dec-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Director - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	10%
Supervise program operations for the Women's Help Center	25%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	25%
Compliance Visits & Training	0%

Worked close with Program Evaluator to implement evaluation plan	5%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	10%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
<b>Total % of Time on Project:</b>	<b>90%</b>

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
<b>Total % of Time on Project:</b>	<b>10%</b>

Barbara Thomas  
Employee Signature

12/31/17  
Date

Gail Hollins  
Approval Signature: Gail Hollins, FVRI Board Vice President

12/31/2017  
Date

Date

**Activities and Effort by Month**

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

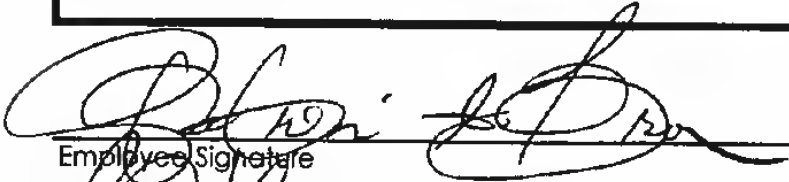
**Name:** Patricia Brown                      **Month/Year:** Dec-17


- Provide a breakdown of your responsibilities for this month. Keep in mind:
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
  2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
  3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>Louisiano Alliance For Life</b>
<i>List Major Work Performed</i>	<i>% of Time</i>	
Data Entry - Enter client data into database; Prepare and submit monthly reports	40%	
Receptionist Duties - Answer phone and schedule appointments	25%	
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	25%	
Assemble End of the Year mail out	10%	
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	<i>% of Time</i>
<b>Total % of Time on Project:</b>	

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	<i>% of Time</i>
<b>Total % of Time on Project:</b>	


  
Employee Signature


  
Approval Signature

1-10-18
  
Date

1-10-18
  
Date

### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Dec-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>	
List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	10%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
<b>Total % of Time on Project:</b>	

<b>Sponsored Project:</b>	
List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Trained on new laptop for client services and electronic appointment scheduling	5%
<b>Total % of Time on Project:</b> 100%	

<b>Sponsored Project:</b>	
List Major Work Performed	% of Time
<b>Total % of Time on Project:</b>	

Shirley Walker

Employee Signature

1-09-18

Date

[Signature]

Approval Signature

1-9-18

Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Dec-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: LA Allonce For Life	
List Major Work Performed	% of Time
LAL Contractor Compliance Review & Preparation	20
Communication w/ Sub-Contractors- questions & expectations	10
Create, assemble, and prepared bulk shipment for year end newsletter	20
Way Cool Database Updates & Set Up for Online Appointments	20
Total % of Time on Project: 70	

Sponsored Project: Family Values Resource Institute	
List Major Work Performed	% of Time
Counseling Clients - Pregnancy Testing & providing referrals as needed	10
Work with student mentee on project & research paper	10
Year-end close out (messages, paperwork, etc)	10
Total % of Time on Project: 30	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Talisha J Davis  
Employee Signature

11/15/18  
Date

B. Thomas  
Approval Signature

11/15/18  
Date

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 11 DD

BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

Project Director

90%

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Barbara J Thomas				Fvri			208.34		4968.43
7081 Modesto Ave				LAL Hours			1975.00		44714.93
Baton Rouge, LA 70811				Total Hours					
Soc Sec #: xxx-xx-xxxx Employee ID: 11				Gross Earnings			2083.34		49683.36
Home Department: 100 Staff Bi-weekly				Total Hrs Worked					
Pay Period: 12/18/17 to 12/31/17			WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Check Date: 12/29/17 Check #: 6769				Social Security			129.17		3080.37
NET PAY ALLOCATIONS				Medicare			30.21		720.41
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)		Fed Income Tax	M 1		194.27		4746.22
Check Amount	0.00	0.00		LA Income Tax	S 0 1		65.00		1623.00
Chkg 0016	1616.69	38937.36		TOTAL			418.65		10170.00
NET PAY	1616.69	38937.36	DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
				STD Post-Tax			48.00		576.00
				TOTAL			48.00		676.00
							THIS PERIOD (\$)		YTD (\$)
			NET PAY				1616.69		38937.36

See stub 1  
for calculations

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator

80%

Stub 1

PERSONAL AND CHECK INFORMATION

Michael A Ferns  
17714 Nine Oaks Ave  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 12/01/17 to 12/15/17  
Check Date: 12/15/17 Check #: 6760

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.95	27510.92
NET PAY	1174.95	25939.59

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			291.67	56.00	8326.64
LAL Hours			1166.67		26138.46
Total Hours				56.00	
Gross Earnings			1458.34		34465.10
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	2136.84
Medicare		21.14	499.74
Fed Income Tax	M 0	125.83	3217.60
LA Income Tax	S 0 0	46.00	1100.00
TOTAL		283.39	6954.18

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
TOTAL		1571.33

0 • C

Salary

Stub 1 1458.34  
Stub 2 1458.34  
2916.68  
x 80%  
\$ 2333.34  
grant amt

Fringe

2333.3  
x 7.6  
\$ 178.5  
grant amt

1,458.34 +  
1,458.34 +  
2,916.68 x  
80 %  
2,333.34 x  
2,333.34 x  
7.65 %  
178.50 x

NET PAY

THIS PERIOD (\$)  
1174.95

YTD (\$)  
25939.59



FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-w  
eekly  
EE ID: 5 DD

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator

80%

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Michael A Ferris				Fvri			291.67	56.00	8618.31
17714 Nine Oaks Ave				LAL Hours			1166.67		27305.13
Baton Rouge, LA 70817				Total Hours				56.00	
Soc Sec #: xxx-xx-xxxx Employee ID: 5				Gross Earnings			1458.34		35923.44
Home Department: 100 Staff Bi-weekly				Total Hrs Worked					
Pay Period: 12/16/17 to 12/31/17			WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Check Date: 12/29/17 Check #: 6767				Social Security			90.41		2227.25
NET PAY ALLOCATIONS				Medicare			21.15		520.89
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)		Fed Income Tax	M 0		125.83		3343.43
Check Amount	0.00	-1571.33		LA Income Tax	S 0 0		46.00		1146.00
Chkg 1002	1174.95	28685.87		TOTAL			283.39		7237.57
NET PAY	1174.95	27114.54	DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
				Advance					1571.33
				TOTAL					1571.33
NET PAY							THIS PERIOD (\$)		YTD (\$)
							1174.95		27114.54

See stub 1  
for calculations

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

Education Specialist

100%

Stub 1

PERSONAL AND CHECK INFORMATION

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 12/01/17 to 12/15/17  
Check Date: 12/15/17 Check #: 6758

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.00	14244.92
NET PAY	911.00	14244.92

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		16145.74
Total Hours					
Gross Earnings			1041.66		16145.74
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	1001.04
Medicare		15.10	234.11
LA Income Tax	S 2 1	25.00	380.00
TOTAL		104.69	1615.15

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	285.67
TOTAL	25.97	285.67

NET PAY

THIS PERIOD (\$)  
911.00

YTD (\$)  
14244.92

Salary

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

↑  
grant  
amt

Fringe

2083.33

x 7.65%

\$159.37

↑  
grant  
amt

0.00

1.041.66 +

1.041.66 +

2.083.32 x

7.65 %

159.37 \*

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-w  
eekly  
EE ID: 37 DD

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

Education Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 12/16/17 to 12/31/17

Check Date: 12/29/17 Check #: 6765

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	15155.93
NET PAY	911.01	15155.93

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.67		17187.41
Total Hours					
Gross Earnings			1041.67		17187.41
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1065.62
Medicare		15.11	249.22
LA Income Tax	S 2 1	25.00	405.00
TOTAL		104.69	1719.84

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	311.64
TOTAL	25.97	311.64

NET PAY

THIS PERIOD (\$)  
911.01

YTD (\$)  
15155.93

See Stub 1 for  
Calculations

# Compliance Coordinator

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

70%

Step 1

## PERSONAL AND CHECK INFORMATION

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 12/01/17 to 12/15/17  
Check Date: 12/15/17 Check #: 6759

## NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.44	24858.47
NET PAY	1141.44	24858.47

## EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			437.50		9264.06
LAL Hours			1020.83		21616.04
Total Hours					
Gross Earnings			1458.33		30880.10
Total Hrs Worked					

## WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	1914.57
Medicare		21.14	447.76
Fed Income Tax	M 2	76.04	1975.41
LA Income Tax	M 0 2	30.00	691.00
TOTAL		217.60	5028.74

## DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.29	992.89
TOTAL	99.29	992.89

Salary

Step 1 1458.33

Step 2 1458.34

2916.67  
x 70%

\$ 2041.67

↑  
grant  
amt

Fringe

2041.67

x 7.65%

\$ 156.19

↑  
grant  
amt

O.C

1458.33 +  
1458.34 +  
2916.67 x  
70% =  
2041.67 \*  
  
2041.67 x  
7.65% =  
156.19 \*

## NET PAY

THIS PERIOD (\$)  
1141.44

YTD (\$)  
24858.47

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG 1:100 Staff Bi-weekly  
EE ID: 4 DD

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

Compliance Coordinator

70%

Stub 2

PERSONAL AND CHECK INFORMATION

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 12/16/17 to 12/31/17  
Check Date: 12/29/17 Check #: 6766

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.45	25999.92
NET PAY	1141.45	25999.92

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvn			437.50		9701.56
LAL Hours			1020.84		22636.88
Total Hours					
Gross Earnings			1458.34		32338.44
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.41	2004.98
Medicare		21.15	468.91
Fed Income Tax	M 2	76.04	2051.45
LA Income Tax	M 0 2	30.00	721.00
TOTAL		217.60	5246.34

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post Tax	99.29	1092.18
TOTAL	99.29	1092.18

NET PAY

THIS PERIOD (\$)  
1141.45

YTD (\$)  
25999.92

see stub 1  
for calculations

PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Data Entry

100%

Stub 1

<b>PERSONAL AND CHECK INFORMATION</b> Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 35  Home Department: 100 Staff Bi-weekly  Pay Period: 12/01/17 to 12/15/17 Check Date: 12/15/17 Check #: 6757			<b>EARNINGS</b>							
<b>NET PAY ALLOCATIONS</b>										
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	DESCRIPTION			HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Check Amount	0.00	0.00	LAL Hours					1041.66		22769.67
Chkg 0017	802.13	17725.51	Total Hours							
NET PAY	802.13	17725.51	Gross Earnings					1041.66		22769.67
			Total Hrs Worked							
			<b>WITHHOLOINGS</b>							
			DESCRIPTION			FILING STATUS		THIS PERIOD (\$)		YTD (\$)
			Social Security					64.58		1411.72
			Medicare					15.10		330.16
			Fed Income Tax			S 1		97.13		2292.35
			LA Income Tax			S 0 1		26.00		606.00
			TOTAL					202.81		4640.23
			<b>DEDUCTIONS</b>							
			DESCRIPTION					THIS PERIOD (\$)		YTD (\$)
			STD Post-Tax					36.72		403.93
			TOTAL					36.72		403.93

Salary

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

↑ grant amt

Fringe

2083.33

x 7.65%

\$159.37

↑ grant amt.

0 • C

1 • 041 • 66 +

1 • 041 • 67 +

2 • 083 • 33 x

7 • 65 %

159 • 37 \*

NET PAY	THIS PERIOD (\$) 802.13	YTD (\$) 17725.51
---------	----------------------------	----------------------

Salary

Stub 1 1041.66  
Stub 2 1041.67  
\$2083.33  
↑  
grant  
amt

Fringe  
2083.33  
x 7.65%  
\$159.37  
↑  
grant  
amt.

0 \* C  
1 \* 041 \* 66 +  
1 \* 041 \* 67 +  
2 \* 083 \* 33 x  
7 \* 65 %  
159 \* 37 \*

PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Data Entry

100%

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Patricia A Brown				LAL Hours			1041.67		23811.34
6555 E Monarch				Total Hours					
Baton Rouge, LA 70812				Gross Earnings			1041.67		23811.34
Soc Sec #: xxx-xx-xxxx Employee ID: 35				Total Hrs Worked					
Home Department: 100 Staff Bi-weekly			WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Pay Period: 12/16/17 to 12/31/17				Social Security			64.58		1476.30
Check Date: 12/29/17 Check #: 6764				Medicare			15.10		345.26
NET PAY ALLOCATIONS				Fed Income Tax	S 1		97.14		2389.49
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)		LA Income Tax	S 0 1		26.00		632.00
Check Amount	0.00	0.00		TOTAL			202.82		4843.06
Chkg 0017	802.13	18527.64	DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
NET PAY	802.13	18527.64		STD Post-Tax			36.72		440.65
				TOTAL			36.72		440.65
							THIS PERIOD (\$)		YTD (\$)
			NET PAY				802.13		18527.64

see stub 1  
for calculations

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Services Coordinator  
NON NEGOTIABLE

100%

Stub 1

PERSONAL AND CHECK INFORMATION

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 12/01/17 to 12/15/17

Check Date: 12/15/17 Check #: 6763

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.62	20809.21
NET PAY	804.62	20809.21

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours			1041.66	63.00	26066.39
Total Hours				63.00	
Gross Earnings			1041.66		27108.05
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1680.70
Medicare		15.11	393.07
Fed Income Tax	S 1 +\$21.20	118.33	3218.63
LA Income Tax	S 0 1	26.00	720.00
TOTAL		224.02	6012.40

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	286.44
TOTAL	13.02	286.44

0 + C

Fringe:  
2083.33  
x 7.6  
\$159.3  
grant

1,041.66 +  
1,041.67 +  
2,083.33 x  
7.65 %  
159.37 \*

NET PAY

THIS PERIOD (\$)  
804.62

YTD (\$)  
20809.21



FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 12 DD

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Services Coordinator

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 12/16/17 to 12/31/17

Check Date: 12/29/17 Check #: 6770

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.63	21613.84
<b>NET PAY</b>	<b>804.63</b>	<b>21613.84</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours			1041.67	63.00	27108.06
<b>Total Hours</b>				63.00	
<b>Gross Earnings</b>			1041.67		28149.72
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1745.28
Medicare		15.10	408.17
Fed Income Tax	S 1 +\$21.20	118.34	3336.97
LA Income Tax	S 0 1	26.00	746.00
<b>TOTAL</b>		<b>224.02</b>	<b>6236.42</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	299.46
<b>TOTAL</b>	<b>13.02</b>	<b>299.46</b>

**NET PAY**

THIS PERIOD (\$)  
804.63

YTD (\$)  
21613.84

See Stub 1 for  
Calculations



# FVRI

FAMILY VALUES RESOURCE INSTITUTE, INC

P.O. Box 74403  
Baton Rouge, LA 70874  
225-355-2725 Office 225-355-2742 Fax  
[www. FVRI.org](http://www.FVRI.org)

## INVOICE

INVOICE #: 201713

INVOICE DATE: 12/1/2017

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
<b>TOTAL</b>	<b>\$ 1,200.00</b>





## Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	DDA CHECK 0000001594
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC <a href="http://whitneybank.com">whitneybank.com</a>	1594 64-15-954
PAY TO THE ORDER OF Family Values Resource Institute, Inc		1/9/2018	
One Thousand Two Hundred and 00/100		\$ 1,200.00	DOLLARS
Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807			
MEMO	LAL RENT	 AUTHORIZED SIGNATURE	
⑈001594⑈ ⑈065400153⑈			



## Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	DDA CHECK 0000001594
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back

PAY TO THE ORDER OF  
HANCOCK WHITNEY BANK  
0000001594  
FOR DEPOSIT ONLY  
FAMILY VULNERABILITY  
INSTITUTE INCORPORATED  
RESTRICTED FUND  
1004000

01/10/18 97060001524982 0655503681

Utilities 80%

Baton Rouge Water Company  
8755 Goodwood Boulevard  
Office Hours: 8:30 a.m. - 5:00 p.m.  
Monday - Friday (excluding holidays)  
Customer Service: (225) 925 - 2011

Account Number	Service Address	Reading Date
01 01 03 354 0008 02	07515 SCENIC HWY	DEC 04 2017

Baton Rouge Water Company			
Meter Readings		MINIMUM	Amount
Current	Previous	100 Cubic Feet	
Billing Summary for Water Service:			
1175	1172	3	8.52
CITY EXCISE TAX			.43
LA SALES TAX			.36
LA DHH OPH SDWA FEE			1.00
GROUNDWATER FEE			.01
AUGUST 2016 FLOOD			
RECOVERY SURCHARGE			.12
Amount for Water Service:			10.44
TOTAL AMOUNT DUE BY DEC 28 2017			\$10.44

10.44  
x 80%  
8.35

Pay Online @ WWW.BRWATER.COM  
Password: 70807

Acct. No.: 010103354000802

Please Return This Stub With Payment

Baton Rouge Water Company  
P.O. Box 96016  
Baton Rouge, LA 70896-9016

AMOUNT DUE BY DEC 28 2017 \$10.44  
AMOUNT DUE AFTER DEC 28 2017 \$10.87

AMOUNT ENCLOSED

\$

For your convenience, please make  
one check or money order payable to:  
UTILITY PAYMENT PROCESSING  
03 01 3 354000802

UTILITY PAYMENT PROCESSING  
P O BOX 96025  
BATON ROUGE LA 70896-9025

FOR MAILING AND  
PHONE NUMBER  
CHANGES CHECK HERE  
AND PROVIDE ON BACK

FAMILY VALUES RESOURC  
P O BOX 74403  
BATON ROUGE LA 70874-4403

301010335400080200001044000010878

Chase Online

BUSINESS CLASSIC (...8002)

f Check Number: 4953      Post Date: 12/20/2017      Amount of Check: \$10.44

9953

FAMILY VALUES RESOURCE INSTITUTE, INC  
Baton Rouge, LA 70809  
P.O. Box 9025  
Baton Rouge, LA 70809  
225 344-9021

CHASE ① BUSINESS  
American Express Card, S.A.  
64 13254  
12/18/2017

PAY TO THE ORDER OF     Unity Payment Processing     \$ 10.44  
Ten and 44/100

Unity Payment Processing  
PO Box 9025  
Baton Rouge, LA 70809-9025  
United States

MEMO     WHIC WATER 84

⑈004953⑈ ⑈065400637⑈

**Need help printing or saving this check?**

10015 258 122017 car Pay to the Order Of  
354000802 01 Within Named Payee 8755A  
354000802 01  
010103354000802 010015 258

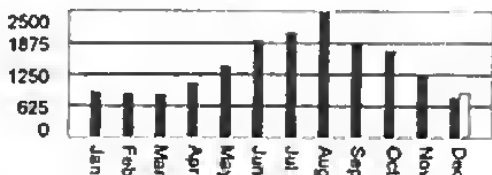
**Need help printing or saving this check?**

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Total Monthly Energy Usage

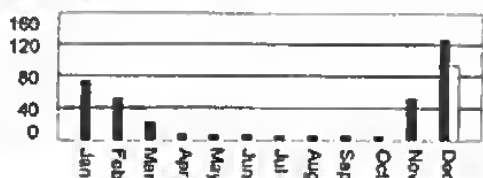
Electric

Billing Period	Billing Days	kWh Used	Avg kWh Per Day	2017	2016
Dec 2017	27	793	29.4		
Dec 2016	29	888	30.6		



Gas

Billing Period	Billing Days	Ccf Used	Avg Ccf Per Day	2017	2016
Dec 2017	27	126	4.67		
Dec 2016	29	94	3.24		



Important Messages

Thank you for the prompt way you pay your bill.

Real-Time Payment Options:

- My Account Online at [entergy.com](http://entergy.com)
- By Phone at 800-584-1241 for a small fee.

Please add \$1 to total bill amount for The Power to Care. Learn more at [entergy.com](http://entergy.com).

Utilities 80%  
246.17  
x 80%  
196.94

Account Summary for Charles R Thomas Jr

Account # 32078008	Mail Date 01/02/2018	QPC 04000
Invoice # 325003698763		Cycle 21
Amount Due by 01/24/2018	\$246.17	after \$254.57

Account Detail

Previous Balance	236.69
Payment Received (12/12/2017)	-236.99
Remaining Balance	-\$0.30

Current Charges

Customer Charge	13.39
Energy Charge	44.63
Formula Rate Plan	@ 29.6344%
Storm Restoration Offset	-1.58
Fuel Adjustment	793 kWh @ \$0.02523
Municipal Franchise Fee	2.34
Total Metered Charges Electric (Contract 3288046)	\$95.89
Customer Charge	9.10
Gas Service	46.21
Gas Fuel Adjustment	126 Ccf @ \$0.43394
Annual Pipeline Inspection Fee	1.07
Annual R&D Fee	1.00
Total Metered Charges Gas (Contract 3288047)	\$112.06

Security Lighting Billing

Rate	Qty	Facility Type	kWh	
AL9	1	400W Hps	150.0	12.49
Energy Charge				0.06
Formula Rate Plan		@ 29.3982%		3.67
Storm Restoration Offset				-0.34
Fuel Adjustment	150 kWh @ \$0.02523			3.79
Municipal Franchise Fee				0.49
Total Security Lighting Charges (11/23/2017 - 12/22/2017)				\$20.18
State Sales Tax				9.13
Storm Restoration Charge				9.23
Current Month Energy Charges				\$246.47

Account 32078008 QPC 04000 Invoice 325003698763

Customer Service 877-ETRBIZZ (877-387-2499)	Amount Due by 01/24/2018	\$246.17	after	\$254.57
---	--------------------------	----------	-------	----------

Please send stub with check payable to Entergy. Thank You.

Internet

000006014 01 AV 0.370 \*\*\*\*\* AUTO\*\*SCH 5-DIGIT 70807

|||||

CHARLES R THOMAS JR  
NORTH BR WOMAN'S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE LA 70807-5447

ENTERGY  
PO BOX 8103  
BATON ROUGE, LA 70891-8103

40000000320780080000000000000000000024617300000025457302409



**Entergy.**

Entergy Louisiana, LLC  
entergy-louisiana.com

Account # 32078008  
Invoice # 325003698763  
Mail Date 01/02/2018  
Page 2 of 2

Business Solutions Center  
877-ETRBIZZ (877-387-2499); 8a-5p, Mon-Fri  
Power Outage or Safety Concern, 24 hrs/7days  
800-988-8243 (800-9OUTAGE)

**Internet**

Total Amount Due \$246.17

**Meter Reading (Contract 3288046 )**

Meter # F130154	Rate: GS_SGS	
Total Days ( 27 )		
Current Meter Reading	(12/22/2017)	84829
Previous Meter Reading	(11/25/2017)	- 84036
kWh Metered		793
kW Metered		5.65

**Meter Reading (Contract 3288047 )**

Meter # X134359	Rate: GG_G1A	
Total Days ( 27 )		
Current Meter Reading	(12/22/2017)	9494
Previous Meter Reading	(11/25/2017)	- 9368
CCF Metered		126

AM C EGR E2

00006014 06014 00002 entgs\_bill\_dp0 MAIL 01 20171230 005459





Chase Online

Utilities \$ 196.94

**BUSINESS CLASSIC (...8002)**

**Check Number: 4969**

**Post Date:** 01/11/2018

**Amount of Check: \$246.17**

FAMILY VALUES RESOURCE INSTITUTE, INC  
Serving Families For Over 20 Years  
P.O. Box 7489  
Baton Rouge, LA 70814  
225-759-9602

CHASE • NO BUSINESS  
OFFERING OTHER SERVICES  
81.18/654

1/9/2016

PAY TO THE ORDER OF      Energy      \$ 245.17

Two Hundred Forty Five and 17/100 \*\*\*\*\*  
DOLLARS

Energy  
PO Box #103  
Baton Rouge, LA 70891-0103  
United States

MEMO

Brian J. Horne  
SUBMITTER'S LOG SIGNATURE

#004959# #065400137C

011118 5061 174 00032078008 0011850610174 CHECK21  
DEPOSIT ONLY ENTERGY SERVICES INC  
JP40RGABDEBDEBNA >11800577

Scott Baily Enterprises, Inc.

11310 Industriplex Blvd Baton Rouge, LA 70809  
P: 225-753-2679 F: (225) 751-7128

CONTRACT INVOICE

Invoice Number: 151034  
Invoice Date: 12/21/2017

Printing

Bill To: FAMILY VALUES RESOURCE INSTITUTE, INC  
N BR WOMEN'S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

Customer: FAMILY VALUES RESOURCE  
INSTITUTE, INC  
7515 SCENIC HWY  
BATON ROUGE, LA  
70807-0000

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
BR2929	Net 30 Days	01/20/2018	\$33.00	\$33.00	
Invoice Remarks					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
1461-01	BARBARA THOMAS 359-9001	\$30.00		01/20/2012	
Contract Remarks					

Summary:

Contract base rate charge for the 12/20/2017 to 01/19/2018 billing period	\$30.00
Contract overage charge for the 11/20/2017 to 12/19/2017 overage period	\$0.00 **
	\$30.00

\*\*See overage details below

Detail:

Equipment included under this contract

Muratec/2550

Number	Serial Number	Base Adj.	Location
03236	DC435090111024	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	39,585	40,004		419	1,500	0	\$0.020000	\$0.00
									\$0.00

\*\*\* You can order supplies and place service calls online at [www.sbcopy.com](http://www.sbcopy.com) \*\*\*

If you prefer to receive your invoices via email or make payments via ACH please call us or email [accounting@sbcopy.com](mailto:accounting@sbcopy.com)

Thank you for your business!

Invoice SubTotal	\$30.00
Tax:	\$3.00
Invoice Total	\$33.00
Balance Due:	\$33.00

Scott Baily Enterprises, Inc.

11310 Industriplex Blvd Baton Rouge, LA 70809  
P: 225-753-2679 F: (225) 751-7128

CONTRACT INVOICE

Invoice Number: 151025  
Invoice Date: 12/21/2017

Printing

Bill To: FAMILY VALUES RESOURCE INSTITUTE, INC  
N BR WOMEN S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

Customer: FAMILY VALUES RESOURCE  
INSTITUTE, INC  
7515 SCENIC HWY  
BATON ROUGE, LA  
70807-0000

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
BR2929	Net 30 Days	01/20/2018	\$79.90	\$79.90	
Invoice Remarks					
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
1460-01		\$72.64		01/20/2012	
Contract Remarks					

Summary:

Contract base rate charge for the 12/20/2017 to 01/19/2018 billing period	\$0.00
Contract overage charge for the 11/20/2017 to 12/19/2017 overage period	\$72.64**
	<hr/>
**See overage details below	\$72.64

Detail:

Equipment included under this contract

Konica/BIZHUB C30B

Number	Serial Number	Base Adj.	Location
04627	A7PY011000108	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	37,091	38,943		1,852	0	1,852	\$0.011000	\$20.37
COL	COLOR	13,054	13,846		792	0	792	\$0.066000	\$52.27
									\$72.64

\*\*\* You can order supplies and place service calls online at [www.sbecopy.com](http://www.sbecopy.com) \*\*\*

If you prefer to receive your invoices via email or make payments via ACH please call us or email [accounting@sbecopy.com](mailto:accounting@sbecopy.com)

Thank you for your business!

Invoice SubTotal	\$72.64
Tax:	\$7.26
Invoice Total	\$79.90
Balance Due:	\$79.90

Chase Online

# Printing

**BUSINESS CLASSIC (...8002)**

Check Number: 4964

**Post Date:** 01/04/2018

**Amount of Check: \$112.90**

4964

FAMILY VALUES RESOURCE INSTITUTE, INC  
Sponsor/Provider For Res. 98 Team  
P O BOX 74652  
BATON ROUGE, LA 70874  
227-378-3004

CHASE ~~ON~~ BUSINESS  
CHECKING ACCOUNT, N.A.  
64-13,654

12/27/2017

PAY TO THE ORDER OF Scott Baily Enterprises \$ \*\*\*112.90

One Hundred Twelve and 90/100 \*\*\*\*\* DOLLARS

Scott Baily Enterprises  
11310 Industrialplex Blvd  
Baton Rouge LA 70808  
United States

45640

4004954 00654003370

For Deposit Only JPMC

**Need help printing or saving this check?**

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DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

Copier Lease \$196.90

1950054406 PRESORT 54406 1 AB 0.400 P1C212 <B>



FAMILY VALUES RESOURCE INSTITUTE INC  
ATTN AP  
PO BOX 74403  
BATON ROUGE LA 70874-4403

## REMITTANCE SECTION

Invoice Number: 57281037  
Due Date: 01/01/2018  
Due This Period: \$218.98

Amount Enclosed: \$

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000572810370000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25411981  
Invoice Number: 57281037  
Account Number: 1053937  
Site Number: 3849724  
Invoice Date: 12/09/2017  
Period of Performance: 12/01/2017-12/31/2017  
Due This Period: \$218.98

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless Invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

## IMPORTANT MESSAGES

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY011000108		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90



# Postage

12.75

13.30

26.05

or scan this code with

ISTROUMA  
5200 LONGFELLOW DR  
BATON ROUGE  
LA  
70805-2711  
2106300966  
12/27/2017 (800)275-8777 2:54 PM

Product Description	Sale Qty	Final Price
PM 1-Day (Domestic) (BATON ROUGE, LA 70804) (Weight:0 Lb 3.20 Oz) (Expected Delivery Date) (Thursday 12/28/2017)	1	\$6.65
Certified (USPS Certified Mail #) (70170660000023099833)	1	\$3.35
Return Receipt (USPS Return Receipt #) (9590940216096053111977)	1	\$2.75
<b>Total</b>		<b>\$12.75</b>
Debit Card Remit'd (Card Name:Debit Card) (Account #:XXXXXXXXXX9477) (Approval #: ) (Transaction #:844) (Receipt #:007357) (Debit Card Purchase:\$12.75) (Cash Back:\$0.00)		<b>\$12.75</b>

Includes up to \$50 insurance

ISTROUMA  
5200 LONGFELLOW DR  
BATON ROUGE  
LA  
70805-2711  
2106300966  
12/15/2017 (800)275-8777 2:53 PM

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (SAN MATEO, CA 94497) (Weight:0 Lb 2.00 Oz) (Estimated Delivery Date) (Monday 12/18/2017)	1	\$1.19
PM 1-Day (Domestic) (BATON ROUGE, LA 70804) (Weight:1 Lb 4.00 Oz) (Expected Delivery Date) (Monday 12/18/2017)	1	\$7.20
Certified (USPS Certified Mail #) (70170660000023099819)	1	\$3.35
Return Receipt (USPS Return Receipt #) (9590940216096053111984)	1	\$2.75
<b>Total</b>		<b>\$14.49</b>
Debit Card Remit'd (Card Name:Debit Card) (Account #:XXXXXXXXXX9477) (Approval #: ) (Transaction #:296) (Receipt #:006806) (Debit Card Purchase:\$14.49) (Cash Back:\$0.00)		<b>\$14.49</b>

Includes up to \$50 insurance

Includes up to \$50 insurance

\*\*\*\*\*  
BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.  
\*\*\*\*\*

Text your tracking number to 28777

12.75 +  
13.30 +  
100.00 +

003

126.056 +

0 - C

# Purchase Power® Account Statement

Statement Date December 5, 2017 ✓

Page 1 of 3

## SUMMARY OF YOUR CHARGES

Previous Balance	\$0.00
Purchases	
Postage	<i>\$100.00</i>
Total Purchases	\$100.00
Payments	\$0.00
Credits	\$0.00
Other Charges	\$0.00
Finance Charges	\$0.00
New Balance	\$100.00
Minimum Payment Due 01/01/2018	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of January 01, 2018

Credit Cards are NOT an accepted form of payment for accounts.

Online payments received by 4:30 PM EST will be processed same day.  
Go to [pitneybowes.us/signin](http://pitneybowes.us/signin) to make your payment.

## PITNEY BOWES REWARDS POINTS

Previous Balance	2,254
- Points Redeemed	0
- Points Adjusted	0
Points Earned this billing period	100
New Rewards Balance	2,354
Review Details: <a href="http://pitneybowes.us/rewards">pitneybowes.us/rewards</a>	

Credit Line is: \$8,000.00  
Available Credit: \$7,900.00

Questions about this statement?  
[pitneybowes.us/signin](http://pitneybowes.us/signin)

Manage your account online, view and pay your bills, see detailed history, much more...  
or

Call Monday - Friday 8AM to 8PM ET  
800 243 7800. Please have your 16 digit account number available.

Point. Click. Done.

Reorder supplies today.  
It's that easy.

[pitneybowes.com/us/suppliesnow](http://pitneybowes.com/us/suppliesnow)



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 7-10 business days for mail delivery.

Tear off here

PURCHASE POWER  
2225 AMERICAN DRIVE  
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0923-5743	\$100.00	\$10.00	01/01/2018	\$

Change of address/contact information, please update at:  
[pitneybowes.com/us/support/addresschange](http://pitneybowes.com/us/support/addresschange)

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

FAMILY VALUES RESOURCE  
Accounts Payable  
7515 SCENIC HWY  
BATON ROUGE LA 70807

Purchase Power  
PO BOX 371874  
PITTSBURGH PA 15250-7874

800090900923574300001000000100007



Postage Activity

8000-9090-0923-5743	Tran Date	Post Date	Description	Reference	Amount
BATON ROUGE LA	11/16	11/17	Meter Refill SN-0585484	PBP #:50640960	\$100.00
Postage Activity					\$100.00
Total Postage Activity					\$100.00

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$63.33	0.060%	22.00%	\$0.00
Total Finance Charges				\$0.00

This postage is used to refill postage meter for stamps.

Purchase Power®

SEND OVERNIGHT CHECKS TO:  
PURCHASE POWER  
ATTN: BOX 371874  
500 ROSS STREET SUITE 154-0470  
PITTSBURGH PA 15262-0001

## Important Information

**Access the following activities on our website:**

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to [pitneybowes.us/signin](http://pitneybowes.us/signin)

**Payment Options:** When making payments to your account, please include your 16 digit account # on your check and allow for 7-10 days for mailing and processing. You can make a payment online at [pitneybowes.us/signin](http://pitneybowes.us/signin). Online payments received by 4:30 PM EST will be processed same day. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.

Chase Online

# Postage

**BUSINESS CLASSIC (...8002)**

**Check Number: 4951**

**Post Date:** 12/26/2017

**Amount of Check: \$100.00**

4951

FAMILY VALUES RESOURCE INSTITUTE, INC  
Inquiry Form, For Case No. \_\_\_\_\_  
P.O. BOX 71463  
BETHESDA, MD 20814  
204 399 1100

CHASE ~~CH~~-BUSINESS  
Single Order Form, No. \_\_\_\_\_  
Customer \_\_\_\_\_  
04 15 954

12/18/2017

Pay to the  
ORDER OF Piney Bowes \$ 100.00

One Hundred and 00/100

Piney Bowes  
Purchase Power  
PO Box 371874  
Pittsburgh, PA 15250-7874

MEMO

*Barbara J. Thomas*  
Authorized Agent

0004951# 4065400637#

000008 092 122417 0074 SNYMELTON  
800090900923574 PIT CRED TO PAYEE  
125-3190371874 ABS END GUAR  
122417 408470 092 184

© 2017 JPMorgan Chase & Co.



**GBP DIRECT**

Remit To:  
20 Veterans Blvd., Suite 110 • Kenner, LA 70062

*Office Supplies*

CUSTOMER # ODFVRI DEPT  
BILLING ADDRESS  
FAMILY VALUES RESOURCE INS.

7515 SCENIC HWY  
BATON ROUGE LA 70807

CHARGE  
INVOICE  
ROUTE # S1

INVOICE DATE 12/14/17 INVOICE NO. 527601-0  
SALESMAN 123  
WRITER 122 PAGE 1  
FEDERAL #72-1496942  
PO #MICHEAL  
SHIPPING ADDRESS  
FAMILY VALUES RESOURCE INS.

7515 SCENIC HWY  
BATON ROUGE LA 70807

ITEM NBR.	CO.	DESCRIPTION	UNIT	ORDER QTY	B/O QTY	SHIP QTY	UNIT D	PRICE T	EXTENDED
**Attention :									
40311	WAU	INDEX, EXACT, 90#, WHT	PK	1		1		12.690 C	12.69
CR670A	HEW	PAPER, PHOTO, LTR, PREM	PK	1		1		19.960 C	19.96
36550	BSN	CLIP, BINDER, SML, BLK	DZ	2		2		.350 C	.70
60233	ITA	TAPE, COR, SD-APPLY	PK	1		1		6.790 C	6.79
74449	BSN	PROTECTOR, SHEET, TOPL	BX	1		1		9.490 C	9.49
C1731	RED	CALENDAR, DESK PAD, MO	EA	1		1		3.990 C	3.99
C1731	RED	CALENDAR, DESK PAD, MO	EA	9		9		3.990 C	35.91

*Rec 12/14/17*

*(Signature)*

12.69 +  
19.96 +  
0.70 +  
6.79 +  
9.49 +  
3.99 +  
35.91 +  
8.95 +

008

98.486+

0.00

**INVOICE**

TAX 8.95  
TOTAL 98.48

New Orleans: 504.464.0000 phone 504.464.4099 fax

Baton Rouge: 225.774.8773 phone 225.774.9824 fax

Northshore: 985.748.7000 phone 225.774.9824 fax

Chase Online

## Office Supplies

**BUSINESS CLASSIC (...8002)**

**Check Number: 4962**

**Post Date:** 01/03/2018

**Amount of Check: \$98.48**

4982

FAMILY VALUES RESOURCE INSTITUTE, INC  
Serving Families and Children  
P O BOX 7460  
BATCH HOUSE, LA 70064  
214-289-1801

CHASE O.A. BUSINESS  
Chase Office Bldg, 100  
Main Street  
Bt 13454

12/27/97

PAY TO THE ORDER OF GBP Direct: \$ -96.42

Ninety-Eight and 48/100

GBP Direct:  
20 Veterans Blvd Suite 110  
Kenner LA 70062

MEUO  
FVR

Signature: *Brian J. Thomas*  
BRIAN J. THOMAS

4982 46624 40654006378



(NOT FOR PAYMENTS)  
DEPARTMENT # 102430  
PO BOX 1259  
OAKS, PA 19456  
6400 0210 NO RP 05 12082017 NNNNNNNY 01 000751 0003  
FAMILY VALUES RESOURCE INSTITUTE  
INC  
7515 SCENIC HWY  
BATON ROUGE LA 70807-5447



December 05, 2017  
**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)  
 866-272-5777

Account Number 001 5711 071045903  
COX PIN 7515  
SERVICE ADDRESS 7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447



ACCOUNT SUMMARY as of Dec 5, 2017	
Previous Balance	\$526.37
Payment Received - Nov 27	-\$526.37
Remaining Previous Balance	\$0.00
New Charges: Dec 5, 2017 - Jan 4, 2018	
TV	\$62.49
Internet	\$115.00 ✓
Telephone	\$264.75 ✓
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$0.82
Taxes, Fees and Surcharges	\$78.57
New Charges	\$526.63
Total Due By Dec 27, 2017	\$526.63

**IMPORTANT NOTICE: CHANGES TO YOUR CONTRACT WITH COX** - We've updated our General Terms to be more streamlined and readable and to address our new service offerings. The updated General Terms *continued in News from Cox*

Telephone 250.00  
Internet 75.00



**Make Your Life Easier and GO GREEN!**  
With **EasyPay**, pay your monthly Cox bill automatically from your bank or credit card account. Add **Paperless Billing** and you get rid of paper bills and can access your account *online* any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

December 05, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE  
Account Number 001 5711 071045903  
Service at 7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447

**Total Due By Dec 27, 2017 \$526.63**

COX BUSINESS  
PO BOX 919243  
DALLAS TX 75391-9243



05711001182071045903020052663

**MONTHLY SERVICES**    Dec 5 - Jan 4

**TV**

Digital Adapter	\$1.99
Cox Business TV Starter	18.00
Business TV Essential	35.00

**Other Fees and Surcharges**

Regional Sports Surcharge	\$3.50
Broadcast Surcharge	4.00
<b>Total TV</b>	<b>\$62.49</b>

**INTERNET**

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
<b>Total Internet</b>	<b>\$115.00</b>

**TELEPHONE**

225-355-2725	
VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group	0.00
Hunting	
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00
225-355-2333	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-356-1101	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

**Monthly Services cont.**

Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-357-6822	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-357-6880	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-359-9001	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-355-2742	
VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Utility Line	0.00
<b>Total Telephone</b>	<b>\$264.75</b>

**COX TOLL FREE**

**Payment options**

**Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.

**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.







Telephone Usage Details cont.

09:28A	FOREST	IL	708-834-3639	:42	DD/D	0.0000
Total Interstate Long Distance				:42		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Nov 8					
10:49A	MARKSVILLE,LA	318-305-7301	1:24	DD/D	0.0000
10:49A	ALEXANDRI,LA	318-314-3064	:18	DD/D	0.0000
Nov 15					
10:35A	LAPLACE,LA	985-210-1989	1:12	DD/D	0.0000
10:38A	WINNFIELD,LA	318-302-1691	:06	DD/D	0.0000
10:39A	WINNFIELD,LA	318-302-1691	:06	DD/D	0.0000
10:42A	NEW ROAD,LA	225-425-9948	:12	DD/D	0.0000
10:43A	LK CHARLES,LA	337-425-9948	1:12	DD/D	0.0000
11:38A	SHREVEPOR,LA	318-820-5196	:18	DD/D	0.0000
11:39A	SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000
Nov 21					
01:34P	ALEXANDRI,LA	318-790-3652	:24	DD/D	0.0000
Nov 29					
02:18P	SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000
Nov 30					
09:12A	NEWORLEA,LA	504-210-5728	:36	DD/D	0.0000
Total Intrastate Long Distance				7:00	\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Nov 13					
01:17P	GLENDALE,AZ	623-980-1827	:06	DD/D	0.0000
02:23P	KILLEEN,TX	254-319-2214	2:00	DD/D	0.0000
Nov 14					
02:58P	NWYRCYZN,NY	646-558-8656	1:00	DD/D	0.0000
03:02P	NWYRCYZN,NY	646-558-8656	:54	DD/D	0.0000
03:04P	NWYRCYZN,NY	646-558-8656	:06	DD/D	0.0000
Nov 15					
11:26A	FTLAUDERD,FL	954-401-1417	1:00	DD/D	0.0000
11:29A	OKOLONA,MS	662-276-8994	:12	DD/D	0.0000
12:15P	ABERDEEN,WA	360-986-9322	1:30	DD/D	0.0000
01:59P	PLATTEVL,WI	608-331-7097	:42	DD/D	0.0000
02:42P	LAS VEGAS,NV	702-460-1536	:42	DD/D	0.0000
Nov 16					
02:31P	LAS VEGAS,NV	702-460-1536	:30	DD/D	0.0000
Nov 17					
04:09P	BIRMINGHA,AL	205-259-1977	3:06	DD/D	0.0000
Nov 21					
02:46P	POUGHKEP,NY	845-453-2814	:06	DD/D	0.0000
Nov 22					
10:17A	FOREST,IL	708-834-3639	:06	DD/D	0.0000
Nov 27					
03:27P	FOREST,IL	708-834-3639	:30	DD/D	0.0000
Nov 28					
10:03A	MEMPHIS,TN	901-440-5446	:18	DD/D	0.0000
Nov 29					
02:25P	PLATTEVL,WI	608-331-7097	:48	DD/D	0.0000
02:32P	FTLAUDERD,FL	954-401-1417	:48	DD/D	0.0000
Total Interstate Long Distance				14:24	\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Nov 21					
10:03A	MOBILE,AL	251-508-0000	2:48	DD/D	0.1400
Nov 26					
05:22P	MOBILE,AL	251-508-0000	:06	DD/N	0.0050

Telephone Usage Details cont.

Nov 30	06:17P	MOBILE,AL	251-508-0000	1:12	DD/E	0.0600
Total Interstate Toll Free				4:06		\$0.21

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Nov 14					
11:52A	HAMMOND,LA	985-351-4091	2:24	DD/D	0.1200
Dec 3					
08:12P	BATONROUG,LA	225-336-5430	9:42	DD/N	0.4850
Total Intrastate Toll Free				12:06	\$0.61

Rate Codes

DD = Direct Dial

Time Codes

D = Day

E = Evening

N = Night/Weekend

NEWS FROM COX

continued from Page 1

will be effective thirty (30) days after this notice unless you opt-out of these changes. Please see section A31 of the revised General Terms for details about the opt-out process. If you previously opted out of any prior revisions, Cox will continue to honor any previously opted out revisions. The revised General Terms are located at [www.coxbusiness.com/generalterms](http://www.coxbusiness.com/generalterms).

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd., Atlanta, GA 30328; Phone: 888-278-6660, Email: [closedcaption@cox.com](mailto:closedcaption@cox.com).

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

**Customer Information cont.**

**911 Services:** If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available. Please review the following website for additional important information about Cox's 911 practices:  
<https://www.cox.com/business/phone/e911-regulatory.html>.

**Louisiana Do Not Call List**

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit [www.donotcall.gov](http://www.donotcall.gov).

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: [www.lpsc.org/donotcall](http://www.lpsc.org/donotcall), or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

**Billing Dispute and Resolution**

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821





234 Mountain Forest Trail  
Cafra, AL 35040

# Invoice

DATE	INVOICE #
12/31/2017	MB-17520

BILL TO

Louisiana Alliance for Life  
Family Values Resource Institute, Inc.  
Post Office Box 74403  
Baton Rouge, LA 70874

75.00	+	
75.00	+	
75.00	+	
50.00	+	
50.00	+	
50.00	+	DATE
50.00	+	0/2018
250.00	+	
		DUNT
675.00	+	75.00

ITEM	DESCRIPTION		QTY	UNIT PRICE	TOTAL
CoolFocusWeb M..	CoolFocusWeb Monthly Lease	008	675	\$0.11 +	\$75.00
<b>Total</b>					<b>\$75.00</b>

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$75.00</b>

Online Client Database



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB 17520

Invoice total	\$75.00
Amount paid	\$75.00
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hngf7i



Online Client Database



### Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	

# Online Client Database

**waycoolsoftware, inc.**

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
12/31/2017	MB-17586

<b>BILL TO</b>
Louisiana Alliance for Life ✓ Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270

DUE DATE
1/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
			<b>Total</b>	\$75.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$75.00

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
nike@waycoolsw.com



# Online Client Database



## Payment sent

*We sent a confirmation email.*

WayCool Software, Inc.

Invoice no.MB 17586

Invoice total	\$75.00
Amount paid	<b>\$75.00</b>
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hngdbe

[https://connect.intuit.com/portal/app/CommerceNetwork/?locale=en\\_US&cta=viewinvoicen...](https://connect.intuit.com/portal/app/CommerceNetwork/?locale=en_US&cta=viewinvoicen...) 1/9/2018

Online Client Database



Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
12/31/2017	MB-17674

<b>BILL TO</b>
Louisiana Alliance for Life ✓Pregnancy Problem Center 4724 Jamestown Avenue Baton Rouge, LA 70808

DUE DATE
1/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	\$50.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$50.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

# Online Client Database



## Payment sent

*We sent a confirmation email.*

WayCool Software, Inc.

Invoice no.MB-17674

Invoice total	\$50.00
Amount paid	<b>\$50.00</b>
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hngb9z

Online Client Database



Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	



# Online Client Database

**Waycool software, inc.**

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
12/31/2017	MB-17753

<b>BILL TO</b>
Louisiana Alliance for Life ✓ Women's Center of Lafayette 1331 Jefferson Avenue Lafayette, LA 70501

				DUE DATE
				1/30/2018
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	\$50.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$50.00

<b>Phone #</b>	<b>E-mail</b>
888-746-6753	mike@waycoolsw.com

# Online Client Database



## Payment sent

We sent a confirmation email.

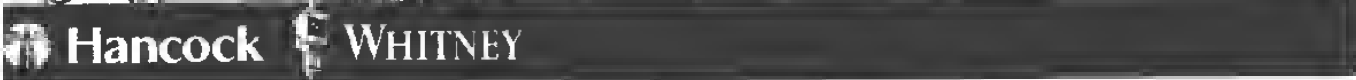
WayCool Software, Inc.

Invoice no.MB-17753

Invoice total	\$50.00
Amount paid	<b>\$50.00</b>
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hng9xk



Online Client Database



Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	





234 Mountain Forest Trail  
Calera, AL 35040

# Invoice

DATE	INVOICE #
12/31/2017	MB-17471

**BILL TO**

Louisiana Alliance for Life  
Cenla Pregnancy Center  
PO Box 13907  
Alexandria, LA 71315

<b>DUE DATE</b>
1/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

		<b>Total</b>	<b>\$50.00</b>
		<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Phone #</b>	<b>E-mail</b>	<b>Balance Due</b>	<b>\$50.00</b>

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Online Client Database



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-17471

Invoice total	\$50.00
Amount paid	\$50.00
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hng7ui



*Online Client Database*

## Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	-

# Online Client Database

**Waycool software, inc.**

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
12/31/2017	MB-17505

### BILL TO

Louisiana Alliance for Life  
✓ Crossroads Pregnancy Resource Center  
105 Saint Louis Street  
Thibodaux, LA 70301

### DUE DATE

1/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
			<b>Total</b>	\$75.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$75.00

Phone #

888-746-6753

E-mail

nike@waycoolsw.com

Online Client Database



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB 17505

Invoice total	\$75.00
Amount paid	<b>\$75.00</b>
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hng6ba



*Online Client Database*

## Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	

# Online Client Database

## waycool software, inc.

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
12/31/2017	MB-17751

<b>BILL TO</b>
Louisiana Alliance for Life Woman's New Life Center-Baton Rouge 760 Colonial Dr Baton Rouge, LA 70806

DUE DATE
1/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	\$50.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$50.00

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
mike@waycoolsw.com

# Online Client Database



## Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-17751

Invoice total	\$50.00
Amount paid	<b>\$50.00</b>
Balance Due	\$0.00
Date paid	January 9, 2018
Payment method	Checking ●●●●1380
Transaction ID	a0hng4b9





*Online Client Database*

## Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	--



## Online Client Database

Logout

Accounts

Transactions

Statements

Details

Servicing

[Back To Activity](#)

Refine

\*\*\*\*1380

Available  
Balance

Showing January 10, 2018 - January 10, 2018

## Posted Transactions

Date	Description	Amount
01/10/2018	DDA CHECK 0000001594	-\$1,200.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$75.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$75.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$75.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$50.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$50.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$50.00
01/10/2018	SALE WAY COOL SOFT WAR 011018	-\$50.00

[Legal Notices](#) | [Online Banking Agreement](#) | [Privacy Policy](#)

v8.0 6.20

# Online Client Database

 waycool software, inc.

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
12/11/2017	MM-14482

<b>BILL TO</b>
Louisiana Alliance for Life Crossroads Pregnancy Resource Center 105 Saint Louis Street Thibodaux, LA 70301

				DUE DATE
				1/10/2018
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Database Conversion	FULL Ekyros database conversion		500.00	500.00
Discount	L AFL Discount		-250.00	-250.00
			<b>Total</b>	\$250.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$250.00

<b>Phone #</b>	<b>E-mail</b>
888-746-6753	mike@waycoolsw.com



**Latosha Isaac**

\$1,304.80

Date	Invoice #
12/14/2017	35

<b>Bill To</b>
<b>Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807</b>

0. C

002

 $1,304 \cdot 86 +$ 
$$1,304 \cdot 8.6 +$$

2.609.726+

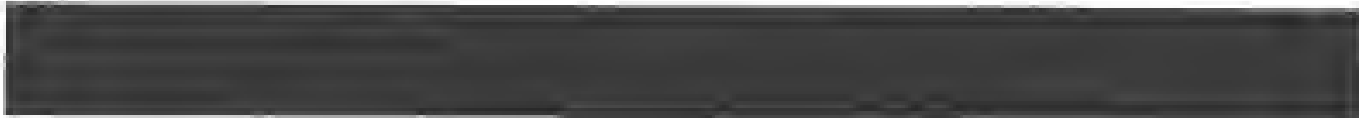
Description	Amount
Bookkeeping Services 12/1/17 - 12/15/17	1,646.57
	<b>Total</b> \$1,646.57

Accounting / Bookkeeping Svcs. \$1,304.86



Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	PAYCHEX INC.
Transaction Type	Debit
Amount	\$1,646.57
Balance	



Accounting / Bookkeeping Services \$1,304.82

**Latosha Isaac**

1175 Lakemont Dr.  
Baton Rouge, LA  
70816

# Invoice

Date	Invoice #
12/28/2017	36

Bill To
Louisiana Alliance For Life Family Values Resouce Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services 12/16/17 - 12/31/17	1,646.57
Total	\$1,646.57

*Accounting / Bookkeeping Services \$1,304.80***Hancock** **WHITNEY**

## Transactions Details

Posting Date	12/28/2017
Transaction Date	12/28/2017
Description	PAYROLL PAYCHEX INC. 122817
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	



Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2  
Baton Rouge, LA 70816

Invoice

Date	Invoice #
1/9/2018	74

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for December 2017: ✓ * Scheduled several appointments with Ashley and Michael of nola.com * Met with Sarah on several occasions of nola.com. * Responded to Sarah's emails	800.00	800.00
		Total	\$800.00

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2  
Baton Rouge, LA 70816

Invoice

Date	Invoice #
1/9/2018	73

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Evaluation Activities for December 2017 ✓ <ul style="list-style-type: none"><li>•Requested data from subcontractors and reminded them of deadline.</li><li>•Reminded subcontractors to complete the client service forms.</li><li>•Responded to subcontractors' emails.</li><li>•Responded to subcontractors telephone calls.</li><li>•Checked for subcontractors' data on database.</li><li>•Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report.</li><li>•Entered data on TANF database.</li><li>•Called Barbara Thomas that data had been entered on TANF database.</li><li>•Emailed and called Michael Ferris that data was complete and ready for approval.</li><li>•Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.</li></ul>	900.00	900.00
		Total	\$900.00

PUBLIC RELATIONS  
EVALUATOR

900.00





## Transactions Details

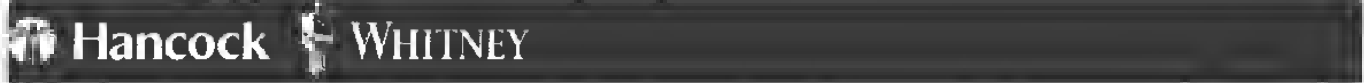
Posting Date	01/12/2018
Transaction Date	01/12/2018
Description	DDA CHECK 0000001602
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-399-8001 BATON ROUGE, LA 70874-4403	<small>WHITNEY BANK Member FDIC / whitneybank.com</small>	<b>1602</b> 14-18454 1/9/2018
<small>PAY TO THE ORDER OF</small>	Resource & Fund Development, LLC	<b>\$ **1,700.00</b>	
One Thousand Seven Hundred and 00/100*****		<b>DOLLARS</b>	
<small>MEMO</small>	RAFD, LLC Sharon McCall 5525 Superior Drive Suite C-2 Baton Rouge, LA 70816	 <small>AUTHORIZED SIGNATURE</small>	
⑈001602⑈ ⑈065400153⑈			

PUBLIC RELATIONS 800.00  
Evaluator 900.00

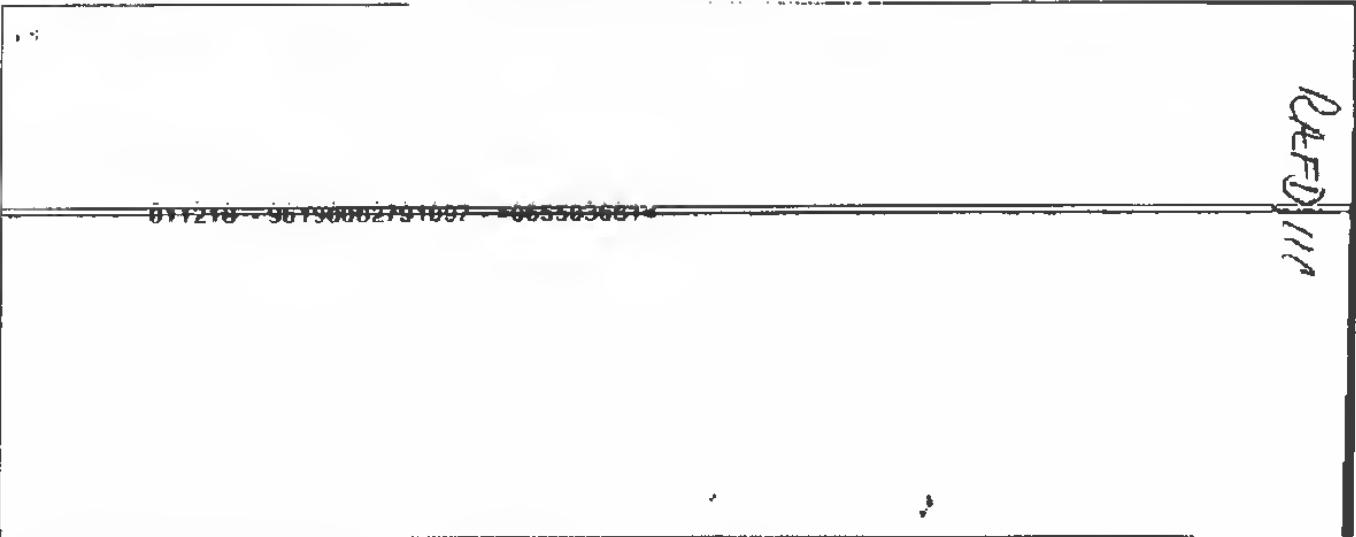


Transactions Details

Posting Date	01/12/2018
Transaction Date	01/12/2018
Description	DDA CHECK 0000001602
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	



Front Back



Insurance \$192.10

ACCOUNT NUMBER
900 - 5143581
Refer to this number on all correspondence
CUSTOMER ID
Q00797820170620

BILLING STATEMENT

**FIRST INSURANCE**  
FUNDING  
A WINTRUST COMPANY

FIRST Insurance Funding  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
Phone: (800) 837-2511 Fax: (800) 837-3709  
www.firstinsurancefunding.com

NOTICE DATE
12/19/2017
INSTALLMENT DUE DATE
01/06/2018

Insured
<b>FAMILY VALUES RESOURCE INSTITU</b> <b>POST OFFICE BOX 74403</b> <b>BATON ROUGE, LA 70874</b>

Previous Account Balance	\$	1,421.60
Payments/Adjustments	\$	(363.66)
Fees and Other Charges	\$	11.00
Current Account Balance	\$	1,068.94
Past Due Amount	\$	0.00
Current Installment Amount	\$	352.66
Service Fee	\$	11.00
Total Amount Due	\$	363.66

Agent/Broker INSURANCE ONE AGENCY, L.C.  
Phone: (972) 267-8000

Any Past Due Amount is due immediately.

Check your account online. Your username is "900-5143581".

- If you mail your payment please allow 7-10 days mailing time to ensure timely application of your payment.
- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, or if changes to your policies are needed, please contact your agent or broker listed above.
- DIRECT DEBIT - If you are enrolled in Direct Debit, the Total Amount Due will be automatically deducted from your bank account on the Installment Due Date.
- You may pay online or by phone. Our contact information is listed at the top of this statement.
- Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.

*Paid online 1/9/18  
Chase Bank*

Please visit our website to check your account, make a payment, change your address and view documents online!

[www.firstinsurancefunding.com](http://www.firstinsurancefunding.com)

Thank you for allowing us to be of service! We appreciate your business.

20593337

*363.66  
15.00 pmt fee  
378.66  
total pmt*

EIFCBILL0912

**FIRST INSURANCE**  
FUNDING

A WINTRUST COMPANY

Please make checks payable and mail to:  
FIRST Insurance Funding  
PO Box 7000  
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

☐

Insured
<b>FAMILY VALUES RESOURCE INSTITU</b> <b>POST OFFICE BOX 74403</b> <b>BATON ROUGE, LA 70874</b>

REMITTANCE STUB

Please detach and return this portion with your payment.

NOTICE DATE	12/19/2017
-------------	------------

ACCOUNT NUMBER	900 - 5143581
CURRENT INSTALLMENT DUE DATE:	01/06/2018
TOTAL AMOUNT DUE:	\$ 363.66
AMOUNT ENCLOSED:	\$ _____

90000000514358100000036366

Insurance \$192.10

Chase Online

Monday, January 15, 2018

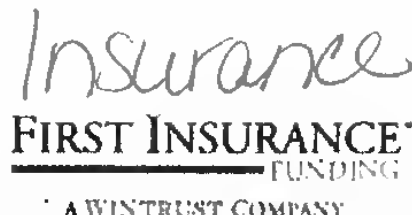
Search Results BUSINESS CLASSIC (...8002)

Transaction type: All Transactions  
Date range: 01/10/2018 - 01/10/2018

Search Results 1 - 1

Date	Type	Description	Debit	Credit	Balance
01/10/2018	ACH Debit	FIRST INSURANCE INSURANCE 900-5143581 WEB ID: 2363437365	\$378.66		

© 2018 JPMorgan Chase & Co



## We Appreciate Your Business!

You have successfully completed the e-Payment process. Here is a summary of your transaction. We thank you and appreciate your business!

Payment Entered By: Family Values Resource Institu

Payment Entered Time: 01/09/2018 11:20 AM

Payment Source: Borrower

### List of Accounts

Account	Insured Name	Amount
900-5143581	Family Values Resource Institu	363.66

Processing Fee: 15.00

Total Amount: 378.66

Reference Number: 17701442

Bank Account Number: \*\*\*\*\*8002

Scheduled Post Date: 01/09/2018

For any questions regarding this transaction, please contact Customer Service at (800) 837-2511 or email [csr@firstinsurancefunding.com](mailto:csr@firstinsurancefunding.com).

Note: The E-payment Cut-off time is 3:00 PM CST. Any payment made after that time will be posted on the next business day. The Scheduled Post Date indicates the date this payment will be posted to your account.

Professional Liability / Malpractice Insurance Charge (1st Insurance) - Breakout

Position/Title	Employee Name	Total		Monthly		Professional Liability /malpractice Rate 1.55%	Bill To Grant
		Salary	% to Contract	Salary Contract Amount			
Project Director	Barbara Thomas	4,166.67	90%	3,750.00	1.55%	58.13	
Project Administrator	Michael Ferris	2,916.66	80%	2,333.33	1.55%	36.17	
Compliance Coordinator	Talisha Davis	2,916.66	70%	2,041.66	1.55%	31.65	
Education Specialist	Allison Davis	2,083.33	100%	2,083.33	1.55%	32.29	
Data Entry/Care Provider	Patricia Brown	2,083.33	100%	2,083.33	1.55%	32.29	
Client Svcs Coord/Care Provider	Shirley Walker	2,083.33	100%	2,083.33	1.55%	32.29	
						\$ 222.81	



# Maintenance

**Willing Mind Janitorial Service, LLC.**

P. O. Box 1773

Prairieville, LA 70769

(225) 677-9839

wmjanitorial@yahoo.com



## INVOICE

### BILL TO

Barbara J. Thomas  
Family values Resource  
Institute, Inc.  
7515 Scenic Highway  
Baton Rouge, La. 70807

**INVOICE #** 2522

**DATE** 01/03/2018

**DUE DATE** 01/18/2018

**TERMS** Net 15

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### CREDIT

### ACTIVITY

#### Services

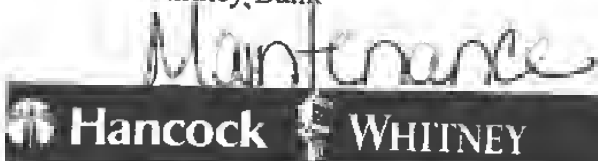
Monthly Janitorial Service - December

AMOUNT

757.00

BALANCE DUE

**\$757.00**





## Transactions Details

Posting Date	01/08/2018
Transaction Date	01/08/2018
Description	DDA CHECK 0000001593
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front

Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1593 M-15 256 1/4/2018
PAY TO THE ORDER OF <b>Willing Minds Janitorial Services, LLC</b>		\$ <b>757.00</b>	Details on Back
<b>Seven Hundred Fifty-Seven and 00/100</b>			DOLLARS
Willing Minds Janitorial Services, LLC PO Box 1773 Prairieville, LA 70769		 AUTHORIZED SIGNATURE	Printing Security Features Included
MEMO			
⑈001593⑈ ⑈065400153⑈			

Maintenance



Transactions Details

Posting Date	01/08/2018
Transaction Date	01/08/2018
Description	DDA CHECK 0000001593
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front Back

Deposit only

>021407912<  
CAPITAL ONE, NA  
0078005352 0108/018  
RICHMOND, VA 274  
RDC Deposit 2081557678

6

# NOTICE OF AUTOMATIC PAYMENT

**PAYCHEX**

Paychex of New York LLC  
4324 South Sherwood Forest Blvd Suite 125  
Baton Rouge LA 70816

Client # 0060 0060-T846  
Invoice # 2017122800

## AUTOMATIC PAYMENT \$237.78

This amount will be deducted from the following bank account at or after 12:01 A.M. on 1/10/18.

### ADDRESS SERVICE REQUESTED

0060 0060-T846  
Family Values Resource Institute Inc  
Institute Inc  
Po Box 74403  
Baton Rouge, Louisiana 70874-4403

XXXX0000

*Electronic Payroll Transaction Fees \$ 215.11*

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2017113000 Due 12/11/17				237.78
Payment Received - Thank You				-237.78
Balance Forward				0.00
Total New Charges				237.78
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				237.78

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
12/15/17	Payroll/Taxpay@	12/13/17	14	130.32
	Direct Deposit		8	20.60
12/29/17	Payroll/Taxpay@	12/27/17	8	66.26
	Direct Deposit		8	20.60
Total New Charges				237.78
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				237.78
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

0060 0060-T846 Family Values Resource Institute Inc

Invoice Date: 12/28/17

Billing Period: 12/01/17 to 12/28/17

Invoice# 2017122800

payroll by Paychex, Inc.  
40309

*Electronic Fund/ Transaction Fees \$215.11*

## Transactions Details

Posting Date	01/10/2018
Transaction Date	01/10/2018
Description	INVOICE PAYCHEX EIB 011018
Transaction Type	Debit
T/C	0036
Amount	\$237.78
Balance	

---

Subcontractor Payments

PAYROLL JOURNAL

0060 0080-T846 Family Values Resource Institute Inc

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 300 1099 Candle Pregnancy...(IC) 38	1099 Misc Comp				1,200.00		Direct Deposit # 470 Check Amt 0.00 Chkg 1255 1,200.00 Net Pay 1,200.00
	EMPLOYEE TOTAL				1,200.00		Direct Deposit # 471 Check Amt 0.00 Chkg 1232 1,200.00 Net Pay 1,200.00
	1099 Misc Comp				1,200.00	1,200.00 +	Direct Deposit # 472 Check Amt 0.00 Chkg 3581 2,200.00 Net Pay 2,200.00
	EMPLOYEE TOTAL				2,200.00	1,200.00 +	Direct Deposit # 473 Check Amt 0.00 Chkg 2289 1,200.00 Net Pay 1,200.00
Pregnancy Probl...(IC) 22	1099 Misc Comp				2,200.00		Direct Deposit # 474 Check Amt 0.00 Chkg 9749 3,200.00 Net Pay 3,200.00
	EMPLOYEE TOTAL				1,200.00		Direct Deposit # 475 Check Amt 0.00 Chkg 8002 2,200.00 Net Pay 2,200.00
	1099 Misc Comp				1,200.00	0.07	Direct Deposit # 476 Check Amt 0.00 Chkg 0051 2,400.00 Net Pay 2,400.00
	EMPLOYEE TOTAL				3,200.00	13,600.00 +	Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
Womens Center o...(IC) 27	1099 Misc Comp				3,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				2,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	1099 Misc Comp				2,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				2,400.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
Womens Help Center (IC) 28	1099 Misc Comp				2,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				1,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	1099 Misc Comp				1,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				2,400.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
Womens New Life...(IC) 24	1099 Misc Comp				2,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				1,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	1099 Misc Comp				1,200.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				2,400.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
300 1099 TOTALS 7 Person(s) 7 Transaction(s)	1099 Misc Comp				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	300 1099 TOTAL				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
COMPANY TOTALS 7 Person(s) 7 Transaction(s)	1099 Misc Comp				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	300 1099 TOTAL				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00
	EMPLOYEE TOTAL				13,600.00		Check Amt 0.00 Dir Dep 13,600.00 Net Pay 13,600.00

0060 0080-T846 Family Values Resource Institute Inc  
Run Date 01/10/18 12:07 PM

Period Start - End Date 12/01/17 - 12/31/17  
Check Date 01/12/18



Subcontractor Payments  
Hancock Whitney Bank

Transactions Details

Posting Date	Transaction Date	Description	Transaction Type	T/C	Amount	Balance
01/11/2018	01/11/2018	PAYROLL PAYCHEX INC. 011118	Debit	0036	\$13,600.00	



# LOUISIANA

Alliance for Life

## Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
<b>CENLA Pregnancy Center</b> Claire Lemoine 318-314-3064 (o) 318-305-7301 (c)	1/2/18	83	\$1,200.00
<b>Crossroads Pregnancy Resource Center</b> Michele Beary 985-446-5004 (o) 985-859-9907 (c)	1/10/18	71	\$1,200.00
<b>Life Choices of North Central Louisiana</b> Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	1/4/18	247	\$2,200.00
<b>Pregnancy Problem Center</b> Frances Coleman 225-924-1400 (o)	12/31/17	112.5	\$1,200.00
<b>Woman's New Life Center - Baton Rouge</b> Allison Millet 225-218-4862 (o) 504-301-7573 (c)	12/29/17	5.5	\$1,200.00
<b>Woman's New Life Center - Metairie</b> Allison Millet 504-469-0212 (o) 504-301-7573 (c)	1/3/18	8.5	\$1,200.00
<b>Women's Center of Lafayette</b> Michela Camel 337-289-9366 (o)	12/31/17	331.5	\$3,200.00
<b>Women's Help Center</b> Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	1/4/18	209	\$2,200.00
<b>&gt;&gt;DECEMBER 2017&gt;&gt;</b>	<b>TOTAL Dollar Amount &gt;&gt;&gt;&gt;&gt;&gt;</b>		<b>\$13,600.00</b>

# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: CENLA Pregnancy Center		
	Points	Dollar Amount
Client Service Points / Amount	83	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$1,200.00

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Orlando Pregnancy Center	PROGRAM NAME:	Subcontractor Alliance for Life
CONTACT NAME:	Orlando Lavelle	PROGRAM LOCATION:	Albany, Louisiana
PHONE NUMBER:	518-814-2068	SERVICES MONTH:	Dec-17
		DATE:	1/2/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TAMP Eligible Clients Served
Pregnancy Testing	10
New clients who took a pregnancy test and commit to full-term pregnancy	8
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	4
Male-Adoption Education	0
Abortion Prevention Education counseling or informational sessions	3
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	3
Male-Abstinence Education	0
Parenting Information counseling or informational sessions	6
Male-Parenting Information	0

REFERRALS (1/2 Point)	Total TAMP Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	2	1	1
2 Adult Education/GED	0	0	
3 Employment	2	1	
4 Food/Clothing	2	1	2
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	9	4.5	6
7 OB/GYN	9	4.5	5
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	1	0.5	1
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	7	3.5	3
13 STD/HIV Testing	0	0	
14 WIC	8	4	4
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total TAMP Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	3	6	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	79		22
TOTAL POINTS	34	27	22

TOTAL	101
83	

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	Dec-17
Beginning Inventory	50
# Clients Served	9
Amount Distributed	18
Amount Remaining	32

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor: Cenla Pregnancy Center	Services Month: Dec-17	Date: 2-Jan-17
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CNT 6/1/15

# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Crossroads Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	71	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferns, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE  
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Crossroads Pregnancy Resource Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Michelle Barry	PROGRAM CITY:	Thibodaux, LA
PHONE NUMBER:	845-416-5006	SERVICES MONTH:	November
		DATE:	12/8/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	8
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	5
Male-Adoption Education	0
Abortion Prevention Education counseling or informational sessions	5
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	7
Male-Abstinence Education	0
Parenting Information counseling or informational sessions	8
Male-Parenting Information	0

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	5	2.5	
2 Adult Education/GED	2	1	
3 Employment	5	2.5	
4 Food/Clothing	1	0.5	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	7	3.5	
7 OB/GYN	8	4	
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	3	1.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	2	1	
13 STD/HIV Testing	7	3.5	
14 WIC	6	3	
15 Public Assistance	1	0.5	
OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	

Client Parenting/Prenatal Classes (#classes x total # participants)	2	4	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes	0	0	
TOTAL SERVICES	90	0	90
TOTAL POINTS	37	34	71

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	12/8/2017
Beginning Inventory	96
# Clients Served	4
Amount Distributed	8
Amount Remaining	88

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Woman's New Life - Baton Rouge		
	Points	Dollar Amount
Client Service Points / Amount	5.5	\$1,200.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;&gt;</b>	<b>\$1,200.00</b>

APPROVED BY:

Michael Ferris, Administrator

Barbard J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE  
Subcontractor Monthly Services Report

SUB-CONTRACTOR NAME:	Woman's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Marijane Lovistida	PROGRAM LOCATION:	Baton Rouge
PHONE NUMBER:	225-563-6470	SERVICES MONTH:	Dec 17
		DATE:	12/29/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total YANF Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Total YANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total YANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	1	2	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	6		0
TOTAL POINTS	2	3.5	0

TOTAL	6
TOTAL	5.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200



# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Pregnancy Problem Center		
	Points	Dollar Amount
Client Service Points / Amount	112.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	FamilyLife Federation / Pregnancy Problem Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Francine Brubaker	PROGRAM LOCATION:	Baton Rouge
PHONE NUMBER:	225-974-1400	SERVICES MONTH:	Dec 2017
		DATE:	12/31/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TAMF Eligible Clients Served
Pregnancy Testing	5
New clients who took a pregnancy test and commit to full-term pregnancy	3
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	5
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	5
Male-Abortion Prevention Edu.	1
Abstinence Education counseling or informational sessions	5
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	3
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TAMF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GEO		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	3	1.5	2
7 OB/GYN	3	1.5	2
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	5	2.5	
14 WIC	3	1.5	2
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TAMF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	11	22	
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6	
Follow Up - Pregnancy Decisions	1	2	
Follow Up - Pregnancy Outcomes	4	8	
<b>TOTAL SERVICES</b>	<b>57</b>		<b>63</b>
<b>TOTAL POINTS</b>	<b>54.5</b>	<b>52</b>	<b>112.5</b>

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	12/31/2017
Beginning Inventory	68
# Clients Served	3
Amount Distributed	6
Amount Remaining	65

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

<b>Subcontractor:</b> Pregnancy Problem Center	<b>Services Month:</b> Dec. 2017	<b>Date:</b> 12/31/2017
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<b>PARENTING/PRENATAL CLASSES</b> <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group &amp; individual)</i> <i>For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
<b>Date</b>	<b>Topic</b>	<b>Chart # or Total #of TANF Eligible Participants</b>	<b>Total #Male Partner/Spouse Participants</b>
12/6/2017	First Years Last Forever	1	
12/4/2017	Nutrition 1.3	1	1
12/11/2017	The First Trimester 1.1	1	
12/18/2017	Fetal Development 1.5	1	1
12/18/2017	What's Safe What isn't 2.3	1	1
12/5/2017	First Years Last Forever	1	
12/6/2017	Your Changing Body 2.5	1	1
12/13/2017	Safe Sleep for Your Baby 3.4	1	
12/6/2017	Your Changing Baby 2.5	1	
12/13/2017	Safe Sleep for Your Baby 3.4	1	
12/20/2017	Your Baby's Unborn Secret World 3.3	1	1
			1
			1
<b>Totals</b>		<b>11</b>	<b>3</b>

# LOUISIANA

*Alliance for Life*

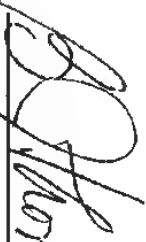
## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Women's Center of Lafayette		
	Points	Dollar Amount
Client Service Points / Amount	331.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:

  
Michael Fertis, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	The Womens Center of Lafayette	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Lacretia Padn	PROGRAM LOCATION:	1331 Jefferson St Lafayette, LA
PHONE NUMBER:	337-284-9366	SERVICES MONTH:	Dec-17
		DATE:	12/31/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TAMP Eligible Clients Served
Pregnancy Testing	30
New clients who took a pregnancy test and commit to full-term pregnancy	20
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	23
Male-Adoption Education	7
Abortion Prevention Education counseling or informational sessions	6
Male-Abortion Prevention Edu.	3
Abstinence Education counseling or informational sessions	26
Male-Abstinence Education	7
Parenting Information counseling or informational sessions	20
Male-Parenting Information	5

REFERRALS (1/2 Point)	Total TAMP Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1-POINT) TOTAL CLIENTS
1 Adoption Agency	4	2	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	3	1.5	3
5 Housing	0	0	
6 Medicaid (NOT certified app. centers)	10	5	1
7 OB/GYN	12	6	5
8 PreMarital/Marriage Counseling	5	2.5	
9 Professional Counseling	4	2	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	15	7.5	
13 STD/HIV Testing	27	13.5	
14 WIC	21	10.5	1
15 Public Assistance	0	0	

OTHER SERVICES (2 points)	Total TAMP Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	6	12	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	24	48	
Follow Up - Pregnancy Outcomes	31	62	
TOTAL SERVICES	310	10	320
TOTAL POINTS	147	174.5	10
			331.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

## Subcontractor Monthly Services Report

Date: 31-Dec-17

## PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
12/15/2017	Massage Therapy on Children	6	1
TOTALS			

## Subcontractor Monthly Services Report

<b>Subcontractor:</b> The Womens Center of Lafayette	<b>Services Month:</b> Dec-17	<b>Date:</b> 12/31/2017
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CNT 6/1/15

# LOUISIANA


*Alliance for Life*


## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Women's Help Center		
	Points	Dollar Amount
Client Service Points / Amount	209	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbard J. Thomas, Director



LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Pat Brown	PROGRAM LOCATION:	Baton Rouge, LA
PHONE NUMBER:	225-359-9001	SERVICES MONTH:	Dec-17
		DATE:	1/4/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	19
New clients who took a pregnancy test and commit to full-term pregnancy	17
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	19
Male-Adoption Education	3
Abortion Prevention Education counseling or informational sessions	19
Male-Abortion Prevention Edu.	3
Abstinence Education counseling or informational sessions	17
Male-Abstinence Education	3
Parenting Information counseling or informational sessions	15
Male-Parenting Information	3

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	13	6.5	3
8 PreMarital/Marriage Counseling	3	1.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	7	3.5	
14 WIC	10	5	2
15 Public Assistance		0	3

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	20	40	
Male Prenatal/Parenting Classes (#classes x total # participants)	2	4	
Follow Up - Pregnancy Decisions	3	6	
Follow Up - Pregnancy Outcomes	8	16	
TOTAL SERVICES	185	8	193
TOTAL POINTS	118	83	209

VITAMIN ANGELS INVENTORY  
MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor: Women's Help Center	Services Month: 1-Dec	Date: 4-Jan-17
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**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
12/11/2017	Your Healthy Baby 9.2	17-12556	
12/11/2017	Breastfeeding 10.1	17-12556	
12/12/2017	Post-Partum: From Pregnancy to Parent 9.1	17-12556	
12/13/2017	The First Trimester 1.1	17-12585	
<b>TOTALS</b>			

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor: Women's Help Center	Services Month: 1-Dec	Date: 4-Jan-17
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**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
12/12/2017	The First Trimester 1.1	12-10211	
12/13/2017	Prenatal Care 1.2	12-10211	
12/13/2017	Eating for Two 1.3	12-10211	
12/4/2017	Caring for Yourself	17-12557	
12/5/2017	The Third Trimester	17-12557	
12/6/2017	Labor 11.1	17-12557	
12/6/2017	Labor 11.2	17-12557	
12/6/2017	Labor 11.3	17-12557	
12/11/2017	Your Healthy Baby 9.2	17-12557	
12/11/2017	Breastfeeding 10.1	17-12557	
12/12/2017	Postpartum 9.1	17-12557	
12/4/2017	Caring for Yourself 5.4	17-12556	
12/5/2017	The Third Trimester 4.1	17-12556	
12/6/2017	Labor 11.1	17-12556	
12/6/2017	Labor 11.2	17-12556	
12/6/2017	Labor 11.3	17-12556	
<b>TOTALS</b>			

# LOUISIANA

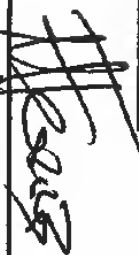
*Alliance for Life*

## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Woman's New Life - Metairie		
	Points	Dollar Amount
Client Service Points / Amount	8.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbard J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE  
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Woman's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Allison Millet	PROGRAM OFFICE:	New Orleans
PHONE NUMBER:	504-496-0212	SERVICES MONTH:	December 2017
		DATE:	1/3/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	1
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	
Male-Abstinence Education	
Parenting Information counseling or informational sessions	1
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	1	0.5	2
7 OB/GYN	1	0.5	2
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions		0	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	6		4
TOTAL POINTS	3	1.5	4

TOTAL	10
	8.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

# LOUISIANA


*Alliance for Life*

## Monthly Report Approval

Month: DECEMBER 2017

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	247	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Life Choices of North Central Louisiana	PROGRAM NAME:	Louisiana Alliance for Life	
CONTACT NAME:	Kathleen Richard, LMSW	PROGRAM LOCATION:	Buston, LA	
PHONE NUMBER:	337-255-7373	SERVICES MONTH:	Dec-17	DATE: 1/1/2018
Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.				

ELIGIBLE SERVICES (1 point)	Total LAL Eligible Clients Served
Pregnancy Testing	12
New clients who took a pregnancy test and commit to full-term pregnancy	9
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	8
Male-Adoption Education	5
Abortion Prevention Education counseling or informational sessions	9
Male-Abortion Prevention Edu.	5
Abstinence Education counseling or informational sessions	6
Male-Abstinence Education	5
Parenting Information counseling or informational sessions	31
Male-Parenting Information	13

REFERRALS (1/2 Point)	TOTAL LAL Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	2	1	
3 Employment	3	1.5	3
4 Food/Clothing		0	
5 Housing	3	1.5	
6 Medicaid (NOT certified app. centers)	9	4.5	8
7 OB/GYN	12	6	11
8 PreMarital/Marriage Counseling	2	1	
9 Professional Counseling	3	1.5	3
10 Rape Crisis Center	1	0.5	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	11	5.5	10
14 WIC	7	3.5	6
15 Public Assistance		0	
OTHER SERVICES (2 points)	TOTAL LAL Eligible Clients	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	7	14	
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6	
Follow Up - Pregnancy Decisions	12	24	
Follow Up - Pregnancy Outcomes	16	32	
<b>TOTAL SERVICES</b>	<b>195</b>		<b>41</b>
<b>TOTAL POINTS</b>	<b>103</b>	<b>103</b>	<b>41</b>

<b>TOTAL</b>	<b>236</b>
	<b>247</b>

### VITAMIN ANGELS INVENTORY

#### MUST BE COMPLETED MONTHLY

Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor Life Choices of North	Services Month: July 2017	Date: 12-31-17
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<b>PARENTING/PRENATAL CLASSES</b>			
<i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group &amp; individual)</i> For individual sessions , use the last column to indicate the chart # of the TANF eligible client's participation. For			
Date	Topic	Chart # or Total #of	Total #Male
12/5/2017 @ 3:30	Emotionally Healthy Children - Volume 1 - Babies by Beth Foster	1	0
12/19/17 @ 3:30	Understanding Pregnancy	2	0
12/19/2017 @ 6:00	Inexpensive Christmas Gifts by Kay Church	4	3
<b>TOTALS</b>		<b>7</b>	<b>3</b>



## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

<b>Subcontractor:</b>	Life Choices of North Central La	<b>Services Month:</b>	Dec-17	<b>Date:</b>	1/4/2017
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Family Values Resource Institute, Inc.												
Personnel	FY 18	Budgeted	Expenditure	Remainin	July 17	July 17	Aug 17	Sep 17	Sept 17	Oct 17	Oct 17	Nov 17
Project Director, Barbara Thomas 80%	45,000.00	23,500.00	13,900.00	3,750.00	0.00	3,750.00	0.00	3,750.00	0.00	3,750.00	0.00	3,750.00
Project Administrator, Michael Farris 80%	28,000.00	14,000.00	13,999.96	2,333.34	0.00	2,333.34	0.00	2,333.34	0.00	2,333.34	0.00	2,333.34
Education Specialist, Allison Davis 100%	25,000.00	12,500.00	12,500.00	2,083.32	0.00	2,083.32	0.00	2,083.32	0.00	2,083.32	0.00	2,083.32
Compliance Officer, Neil Thomas/Talisha Davis 70%	24,500.00	12,449.98	12,449.98	2,041.66	0.00	2,041.66	0.00	2,041.66	0.00	2,041.66	0.00	2,041.66
Data Entry Specialist, Patricia Brown 100%	25,000.00	12,499.97	12,499.97	2,083.33	0.00	2,083.33	0.00	2,083.32	0.00	2,083.33	0.00	2,083.33
Client Services Coordinator, Shirley Walker 100%	25,000.00	12,499.97	12,499.97	2,083.33	0.00	2,083.33	0.00	2,083.32	0.00	2,083.33	0.00	2,083.33
Total Salary	172,500.00	88,248.92	85,400.00	14,374.98	0.00	14,374.98	0.00	14,374.96	0.00	14,374.99	0.00	14,374.99
Fringes												
Project Director, Barbara Thomas 80%	5,800.50	1,809.47	3,491.03	375.07	0.00	286.86	0.00	286.86	0.00	286.86	0.00	286.86
Project Administrator, Michael Farris 80%	3,609.30	1,359.49	3,449.80	286.90	0.00	178.50	0.00	178.50	0.00	178.50	0.00	178.50
Education Specialist, 100%	3,222.50	1,041.44	1,181.06	247.77	0.00	159.37	0.00	159.37	0.00	159.37	0.00	159.37
Compliance Officer, Chanel Thomas/Talisha Davis 70%	3,158.05	1,078.71	1,129.94	244.58	0.00	156.19	0.00	156.19	0.00	156.19	0.00	156.19
Data Entry Specialist, Patricia Brown 100%	3,222.50	1,044.62	1,177.88	247.77	0.00	159.37	0.00	159.37	0.00	159.37	0.00	159.37
Client Services Coordinator, Shirley Walker 100%	3,222.50	1,044.62	1,177.88	247.77	0.00	159.37	0.00	159.37	0.00	159.37	0.00	159.37
Total Fringes	22,335.35	7,128.56	15,110.95	1,839.86	0.00	1,099.88	0.00	1,099.88	0.00	1,099.88	0.00	1,099.88
Travel Expenses												
Conference Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Routine Travel	600.00	446.18	1,013.42	0.00	0.00	0.00	0.00	496.18	0.00	0.00	0.00	0.00
Other	400.00	286.72	113.28	0.00	0.00	0.00	0.00	0.00	0.00	286.72	0.00	0.00
Total Travel	1,000.00	732.90	217.10	0.00	0.00	0.00	0.00	496.18	0.00	286.72	0.00	0.00
Operating Services												
Building Rent	14,400.00	7,200.00	7,300.00	1,200.00	0.00	3,200.00	0.00	1,200.00	0.00	1,200.00	0.00	1,200.00
Utilities	1,500.00	1,397.26	1,027.26	256.53	0.00	284.45	0.00	230.63	0.00	212.33	0.00	205.29
Telephone	3,000.00	1,500.00	1,000.00	250.00	0.00	250.00	0.00	250.00	0.00	250.00	0.00	250.00
Maintenance	10,294.00	4,702.75	5,141.25	757.00	0.00	757.00	0.00	917.75	0.00	757.00	0.00	757.00
Advertising (Banner signs & other advertising outlets)	6,500.00	2,000.00	4,500.00	0.00	0.00	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00
Printing	1,200.00	632.42	367.58	244.19	0.00	133.22	0.00	0.00	88.00	119.38	0.00	134.82
Copier Lease	1,367.80	1,181.40	1,181.40	196.90	0.00	196.90	0.00	156.90	0.00	196.90	0.00	196.90
Postage	963.95	410.21	583.74	26.50	0.00	24.65	0.00	12.25	230.80	230.26	0.00	125.05
Office Supplies	3,000.00	670.92	1,199.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Service Provider Training	250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Internet	900.00	450.00	450.00	75.00	0.00	75.00	0.00	75.00	0.00	75.00	0.00	75.00
Electronic Payroll Transaction Fees	2,304.00	1,593.96	940.04	273.00	0.00	211.84	0.00	212.50	224.40	215.12	0.00	215.12
Liability Insurance	1,300.00	1,300.00	0.00	216.66	0.00	222.81	0.00	222.81	222.81	222.81	0.00	222.81
Online Client Database	4,600.00	1,925.00	675.00	250.00	0.00	250.00	0.00	250.00	0.00	250.00	0.00	250.00
Total Operating	52,564.75	24,933.46	27,414.45	3,853.48	0.00	3,393.86	0.00	3,398.34	1,568.00	3,335.85	594.03	3,374.48
Professional												
Evaluator	10,000.00	6,200.00	4,400.00	1,700.00	0.00	800.00	0.00	900.00	0.00	900.00	0.00	900.00
Public Relations	9,600.00	4,100.00	3,011.00	0.00	0.00	800.00	8.00	800.00	0.00	800.00	0.00	800.00
Auditor	11,500.00	0.00	11,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Blank	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Accounting Bookkeeping Services	32,000.00	16,941.75	15,658.25	3,293.15	0.00	2,609.72	0.00	2,609.72	2,609.72	2,609.72	0.00	2,609.72
Total Professional	63,500.00	23,141.75	37,111.25	4,993.15	0.00	4,399.72	0.00	4,399.72	2,609.72	4,399.72	0.00	4,399.72
Equipment (2 laptops)	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Charges												
Subcontractors	215,000.00	63,400.00	133,000.00	13,200.00	0.00	13,200.00	0.00	12,200.00	1,200.00	13,200.00	0.00	13,600.00
Total Other Charges	215,000.00	63,400.00	133,000.00	13,200.00	0.00	13,200.00	0.00	12,200.00	1,200.00	13,200.00	0.00	13,600.00
Total	529,200.00	230,384.73	171,117.77	37,398.42	0.00	37,398.42	0.00	37,398.42	3,398.42	37,398.42	0.00	37,398.42

July Fringes Original amount submitted

Budget revision effective 1/1/18-Moved \$3500 from Online Client Database to Advertising

286.67
178.50
159.37
156.18
159.37
159.37
1,099.46

Workmen's Comp \$500.24/6-Se8.40 per staff